# 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

**2021**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 08/01/1981

**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)
MOREHOUSE SCHOOL OF MEDICINE

720 WESTVIEW DRIVE, S.W.,
ATLANTA, GA 30310-1458

**2b** Employer Identification Number (EIN) 58-1438873

**2c** Plan Sponsor's telephone number 404-752-1600

**2d** Business code (see instructions) 611000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2022 | ARLENE GODFREY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2022 | ARLENE GODFREY |
| | **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 [X] 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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 2632 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 1117 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 1167 |
| **b** Retired or separated participants receiving benefits | **6b** | |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 500 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1667 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** Total. Add lines **6d** and **6e** | **6f** | 1667 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1500 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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:

2M 3D

**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)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 5 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# 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

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

**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 | 101790 | 948 | 01/01/2021 | 12/31/2021 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 40733162 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 69625372 |

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 | 41573061 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | 1410147 | |
| | (4) Transferred from separate account | 7c(4) | 952837 | |
| | (5) Other (specify below) | 7c(5) | | |
| | ▶ | | | |
| | (6)Total additions | | 7c(6) | 2362984 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | 7d | 43936045 |
| e | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2057097 | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | 1122172 | |
| | (4) Other (specify below) | 7e(4) | 23613 | |
| | ▶ | | | |
| | (5) Total deductions | | 7e(5) | 3202882 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | 40733163 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 74-1625348 | 70238 | 67053 | | 01/01/2021 | 12/31/2021 |

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

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

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

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

CLIFFORD ENGLAND
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

WILLIAM WALSH
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

JOYCE KRINSKY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

JENNIFER HUNT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

THOMAS O'BRIEN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

BROWN, THIESMAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

CLIFFARD ENGLAND JR.
2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

JEFFREY HUGHES
2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

BAYAR HAMID
2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

MICHAEL ANDERSON
2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

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

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

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

## 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** | 2165219 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6)Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | **7d** | 2165219 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 2165219 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

**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
NATIONWIDE LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 31-4156830 | 66869 | | | | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 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 | 2198170 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 190987 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 34208 | | |
| | (4) Transferred from separate account | 7c(4) | 2394134 | | |
| | (5) Other (specify below) | 7c(5) | 13661 | | |
| | ▶ LOANS, TRANSFERS | | | | |
| | (6) Total additions | | | 7c(6) | 2632990 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 4831160 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 921867 | | |
| | (2) Administration charge made by carrier | 7e(2) | 306 | | |
| | (3) Transferred to separate account | 7e(3) | 2342828 | | |
| | (4) Other (specify below) | 7e(4) | 15712 | | |
| | ▶ LOAN WITHDRAWAL, FORFEITURE | | | | |
| | (5) Total deductions | | | 7e(5) | 3280713 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 1550447 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

**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
AXA EQUITABLE LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5570651 | 62944 | 807220 | 0 | 01/01/2021 | 12/31/2021 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 8160 | 0 |

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

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

A. VITULLI
4994 LOWER ROSWELL ROAD
SUITE 12
MARIETTA, GA 30068

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 5304 | 0 | | 3 |

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

K. WYATT
4994 LOWER ROSWELL ROAD
SUITE 12
MARIETTA, GA 30068

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 2856 | 0 | | 3 |

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

S. WILLIAMS JR.

1100 POYDRAS STREET
SUITE 2000
NEW ORLEANS, LA 70163

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **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** | 336576 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | |
| | (2) Dividends and credits | **7c(2)** | | |
| | (3) Interest credited during the year | **7c(3)** | | |
| | (4) Transferred from separate account | **7c(4)** | | |
| | (5) Other (specify below) | **7c(5)** | | |
| | ▶ | | | |
| | (6) Total additions | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | **7d** | 336576 |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | |
| | (2) Administration charge made by carrier | **7e(2)** | | |
| | (3) Transferred to separate account | **7e(3)** | | |
| | (4) Other (specify below) | **7e(4)** | | |
| | ▶ | | | |
| | (5) Total deductions | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | **7f** | 336576 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 74-1625348 | 70238 | 67322 | 14 | 01/01/2021 | 12/31/2021 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 104 | 0 |

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

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

THIESMAN BROWN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 104 | | | 3 |

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

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization 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** | 117907 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 309896 |

**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** | 66925 |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6)Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | **7d** | 66925 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 66925 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2021**<br>**This Form is Open to Public Inspection.** |

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| MOREHOUSE SCHOOL OF MEDICINE | 58-1438873 | |

## 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).. . . . . [X] 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

AXA EQUITABLE LIFE INSURANCE CO.

P.O. BOX 4956
SYRACUSE, NY 13221

13-5570651

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

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

VARIABLE LIFE INSURANCE CO.

2829 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

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

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

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

**(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

| (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? |
|---|---|---|---|---|---|---|
| | | 206468 | Yes [X] No [ ] | Yes [X] No [ ] | 303 | Yes [ ] No [X] |

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

ALLIANT INSURANCE SERVICES, INC.

101 PARK AVENUE
12 FLOOR
NEW YORK, NY 10178

33-0785439

| (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? |
|---|---|---|---|---|---|---|
| | | 14350 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | | |
|---|---|---|---|
| **a** | Name: DIXON HUGHES GOODMAN, LLP | **b** EIN: | 56-0747981 |
| **c** | Position: AUDITOR | | |
| **d** | Address: | **e** Telephone: | |

Explanation: FIRM MERGER RESULTING IN FORVIS, LLP BEING SUCCESSOR TO DIXON HUGHES GOODMAN LLP

| | | | |
|---|---|---|---|
| **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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## 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.**

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

**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: TIAA REAL ESTATE

**b** Name of sponsor of entity listed in (a): TIAA-CREF

| **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) |
|---|---|---|
| 13-1624203-004 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | 169412 |
| **(2)** Participant contributions | 1b(2) | | 241975 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2561580 | 2397226 |
| **(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) | 1558511 | 1152700 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3559838 | 4029463 |
| **(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) | 149184809 | 176371624 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 46411314 | 45020740 |
| **(15)** Other | 1c(15) | | |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(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 | 203276052 | 229383140 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | 3701176 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 146092 | 152194 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 146092 | 3853370 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 203129960 | 225529770 |

## 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) | 4577366 | |
| | **(B)** Participants | 2a(1)(B) | 6101323 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 615498 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 11294187 |
| **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) | 66486 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 66486 |
| | **(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) | 130956 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 130956 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | 23485916 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 34977545 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12213323 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12213323 |
| f Corrective distributions (see instructions) | 2f | | 354309 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 10103 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 10103 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 12577735 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 22399810 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: FORVIS, LLP **(2)** EIN: 44-0160260

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | 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.) | 4a | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **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.) | **4b** | | 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.) | **4c** | | 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.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 3000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | 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? | **4g** | | 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? | **4h** | | 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.) | **4i** | 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.) | **4j** | | 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? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | 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 | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE SCHOOL OF MEDICINE

**D** Employer Identification Number (EIN)
58-1438873

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203 74-1625348

**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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

# Morehouse School of Medicine 403(b) Plan

## Financial Statements and Supplementary Information

**As of December 31, 2021 and 2020 and**
**Year Ended December 31, 2021**

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FORVIS

# Independent Auditor's Report

Plan Administrator
Morehouse School of Medicine 403(b) Plan
Atlanta, GA

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***
We have performed an audit of the financial statements of Morehouse School of Medicine 403(b) 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, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

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

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

***Disclaimer of Opinion on the 2021 Financial Statements***
We do not express an opinion on the accompanying 2021 financial statements of Morehouse School of Medicine 403(b) Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

***Basis for Disclaimer of Opinion on the 2021 Financial Statements***
Morehouse School of Medicine 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

**FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office.**

Further, as described in Note 2 to the financial statements, the Morehouse School of Medicine 403(b) Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably 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.

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

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

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

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

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

Our responsibility is to conduct an audit of Morehouse School of Medicine 403(b) 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 matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Morehouse School of Medicine 403(b) Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

***Other Matters***

*2021 Supplemental Schedules Required by ERISA*

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

FORVIS

*Auditor's Report on the 2020 Financial Statements*
We were engaged to audit the 2020 financial statements of Morehouse School of Medicine 403(b) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions.

Further, Morehouse School of Medicine 403(b) Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans, as the Plan has not maintained sufficient accounting records and supporting documents related to such information. We were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions. The amount of these excluded annuity contracts and custodial accounts are not determinable. Accounting principles generally accepted in the United States of America require that these accounts be included in the 2020 financial statements.

In our report dated September 23, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

FORVIS, LLP

**Atlanta, GA**
**October 3, 2022**

**Morehouse School of Medicine 403(b) Plan**
**Statements of Net Assets Available for Benefits**
**December 31, 2021 and 2020**

| | 2021 | 2020 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | **$ 219,173,838** | $ 192,540,989 |
| Investments at contract value | **8,700,976** | 9,261,048 |
| Total investments | **227,874,814** | 201,802,037 |
| Receivables: | | |
| Participant contributions | **169,412** | - |
| Employer contributions | **241,975** | - |
| Notes receivable from participants | **1,096,939** | 1,474,015 |
| Total receivables | **1,508,326** | **1,474,015** |
| Total assets | **229,383,140** | **203,276,052** |
| **LIABILITIES** | | |
| Loan default collateral payable | **152,194** | 146,092 |
| Excess contributions payable | **3,701,176** | - |
| Total liabilities | **3,853,370** | 146,092 |
| Net assets available for benefits | **$ 225,529,770** | **$ 203,129,960** |

**See accompanying notes.**

**Morehouse School of Medicine 403(b) Plan**
**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2021**

| | |
|---|---|
| Additions to net assets attributed to: | |
| Investment income: | |
| Net appreciation in fair value of investments | **$ 22,081,871** |
| Interest and dividends | **1,535,001** |
| Total investment income | **23,616,872** |
| Interest income on notes receivable from participants | **66,486** |
| Contributions: | |
| Participant | **6,101,323** |
| Employer | **4,577,366** |
| Rollovers | **615,498** |
| Total contributions | **11,294,187** |
| Total additions | **34,977,545** |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | **12,567,632** |
| Administrative expenses | **10,103** |
| Total deductions | **12,577,735** |
| Net change | **22,399,810** |
| Net assets available for benefits: | |
| Beginning of year | **203,129,960** |
| End of year | **$ 225,529,770** |

**See accompanying notes.**

# Notes to Financial Statements

## 1. Description of Plan

The following description of the Morehouse School of Medicine (the "Organization" or "Employer") 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Organization established the Plan on August 1, 1981 to provide employees with a systematic means of saving and investing for the future. All permissible employees of the Organization, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Organization excludes employees who normally work less than 17.5 hours per week on a 37.5-hour workweek and those that normally work less than 20.0 hours per week on a 40.0-hour workweek from participating in the Plan unless the employee worked 1,000 hours or more during the preceding 12-month period or Plan year. Deferrals begin on the first day of the month after enrollment and may change at any time. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was passed by Congress. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. Plan management evaluated the impact of the CARES Act on the Plan and adopted several of the provisions regarding the expansion of allowed Plan distributions, the repayment of loans and the suspension of required minimum distributions. These temporary CARES Act provisions expired at the end of 2020. The Plan will be amended to reflect these changes by the December 31, 2025 deadline.

### *Contributions*

Each year, participants may contribute compensation, as defined in the Plan document, subject to Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Aggregate limits as prescribed by the Internal Revenue Service ("IRS") were $19,500 for participants under the age of 50, and $26,000 for participants age 50 and older in 2021. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. Participants may also elect a special 403(b) catch-up contribution for employees with at least 15 years of service because the Employer is a qualified organization.

The Plan features an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Participants are automatically enrolled with 3% pre-tax 403(b) deferrals to a designated fund. The Employer, at its sole discretion, makes a dollar-for-dollar match contribution of 100% up to 7% of eligible participant income to participant accounts. Participants (excluding residents, research scholars, post-doctorals and certain foreign nationals) are eligible to participate in the discretionary match upon hire.

### *Investment options*

The Plan's investment assets are held by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund ("TIAA-CREF"), Nationwide Life Insurance Company ("Nationwide"), The Variable Annuity Life Insurance Company ("VALIC"), Equitable Life Insurance Company ("Equitable") and Lincoln Investment Planning, LLC ("Lincoln"), (collectively, the "Qualified Institutions"). Certain investments are held by TIAA, FSB, Nationwide Trust Company, FSB, and UMB Bank, N.A. as directed qualified institutions by TIAA-CREF, Nationwide and Lincoln, respectively and are included in the TIAA-CREF, Nationwide, and Lincoln certifications. Under an arrangement with the Qualified Institutions, upon enrollment in the Plan, participants may direct the investment of their contributions and the Employer's contributions into various investment options offered by the Plan. The Plan currently offers group fixed and variable annuity contracts with different underlying investments, including mutual funds and pooled separate accounts.

### *Participant accounts*

Each participant's account is credited with the participant's contributions and allocations of the Employer's contributions, and Plan earnings (losses), and charged with benefit payments and allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Vesting*

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested in discretionary contributions after two years of credited service. A year of credited service is defined as 1,000 hours within the year.

### *Payment of benefits*

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, installments, annuity, or any form permitted under the individual agreement. Amounts contributed on a before-tax basis may only be withdrawn upon demonstration of financial hardship, disability, or after the participant reaches the age of 59.5 years.

### *Forfeitures*

At December 31, 2021 and 2020, forfeited non-vested accounts totaled approximately $114,000 and $35,000, respectively. These accounts will be used to reduce Employer contributions and then administrative expenses. During 2021, forfeitures of approximately $8,000 were used to offset Employer contributions.

### *Notes receivable from participants*

Participants may borrow from their fund accounts with Equitable, Lincoln, and Nationwide up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. At December 31, 2021, outstanding loans bore interest rates ranging from 4.25 to 6.50%. Principal and interest are paid ratably.

### *Loan escrow and collateral funds*

Participants may borrow from VALIC and TIAA-CREF, a minimum of $1,000, up to a lesser of a maximum $50,000 or 50% of their vested account balance. These "policy loans" are secured by collateral in the amount of the loan which is transferred from the participant account into a collateral fund. An additional amount equal to one quarter of interest plus all applicable surrender charges is transferred from the participant's account and held in escrow until the loan is repaid. All escrow and collateral funds are invested in group fixed annuity contracts (TIAA Traditional Annuity and the VALIC Fixed Account Plus) and bear interest at contractually guaranteed rates. Principal and interest are paid directly by the participant to VALIC and TIAA-CREF. In the case of default, the note and collateral are not foreclosed on until the occurrence of a distributable event.

## 2. Summary of Significant Accounting Policies

### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### *Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

### *Investment valuation and income recognition*

Investments are reported at fair value, except for fully benefit-responsive contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan Management determines the Plan's valuation policies utilizing information provided by the Qualified Institutions. See Note 3 for discussion of fair value measurements.

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income on notes receivable from participants is recorded when received. All other interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### *Excluded contracts and accounts*

The Plan Administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with the Department of Labor's ("DOL") Field Assistant Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans,* due to the fact that: the contract or account was issued to a current or former employee before January 1, 2009; the Employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and stopped making contributions to the contract or account before January 1, 2009; all the rights under the contract or account are legally enforceable against the insurer or qualified institution by the individual owner of the contract or account without any involvement by the Employer; and the individual owner of the contract is fully vested in the contract or account.

***Notes receivable from participants***

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document or when determined to be uncollectible.

***Payment of benefits***

Benefits are recorded upon distribution.

***Administrative expenses***

The Plan's administrative expenses are paid by the Plan, the Employer or the Employee as provided by the Plan document. Certain administrative functions are performed by employees of the Employer. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participants' account.

***Excess contributions payable***

Ineligible contributions are reported as a payable on the plan financials and an offsetting reduction in the contribution amount originally recorded when the excess contribution was made.

***Subsequent events***

The Plan has evaluated subsequent events through October 3, 2022, the date the financial statements were available to be issued.

## 3. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

**Level 1**: Observable inputs such as quoted prices in active markets.

**Level 2**: Inputs other than quoted prices in active markets that are either directly or indirectly observable.

**Level 3**: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of assets and liabilities recorded at fair value and their placement within the fair value hierarchy levels. There have been no changes in the methodologies used at December 31, 2021.

***Mutual funds***

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

***Pooled separate account***

The Plan invests in a pooled separate account for which quoted prices are not available in active markets for identical instruments. The plan utilizes the net asset value ("NAV") per share, as determined by the Qualified Institutions, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

***Non benefit-responsive investment contracts***

The fair values of the non benefit-responsive insurance contracts are estimated by related Qualified Institutions as the discontinuance value. Disclosure of unobservable inputs to fair value measurement has not been included for the non benefit-responsive investment contract because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by the Qualified Institutions.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2021 and 2020:

| | **Fair Value as of December 31, 2021** | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Group variable annuity contracts: | | | | |
| Mutual funds | **$178,768,850** | **$ -** | **$ -** | **$ 178,768,850** |
| Group fixed annuity contracts: | | | | |
| Non benefit-responsive investment contracts | **-** | **-** | **36,375,525** | **36,375,525** |
| Total assets in the fair value hierarchy | **$ -** | **$ -** | **$ -** | **215,144,375** |
| Investments measured at NAV *(a)* | | | | **4,029,463** |
| Investments at fair value | | | | **$219,173,838** |

| | **Fair Value as of December 31, 2020** | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Group variable annuity contracts: | | | | |
| Mutual funds | $151,746,389 | $ - | $ - | $ 151,746,389 |
| Group fixed annuity contracts: | | | | |
| Non benefit-responsive investment contracts | - | - | 37,234,762 | 37,234,762 |
| Total assets in the fair value hierarchy | $151,746,389 | $ - | $ 37,234,762 | 188,981,151 |
| Investments measured at NAV *(a)* | | | | 3,559,838 |
| Investments at fair value | | | | $192,540,989 |

*(a) In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.*

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

| | Fair Value at December 31, 2021 | Fair Value at December 31, 2020 | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|---|
| Pooled separate account | **$ 4,029,463** | $ 3,559,838 | None | Daily | None |

Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2021 include purchases and sales of interest in the non-benefit responsive investment contracts of $1,411,828 and $3,251,129, respectively. There were no issuances and no transfers in and out of Level 3 assets for the year ended December 31, 2021.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although 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.

## 4. Unaudited Information Certified by Qualified Institutions

The financial statements include the following unaudited information as of December 31, 2021 and 2020, and for the year ended December 31, 2021 that was obtained from data prepared and certified to be complete and accurate by the Plan's Qualified Institutions:

| | 2021 | 2020 |
|---|---|---|
| Statements of net assets available for benefits: | | |
| Investments at fair value | **$ 219,173,838** | $ 192,540,989 |
| Investments at contract value | **8,700,976** | 9,261,048 |
| Notes receivable from participants | **1,096,939** | 1,474,015 |
| Loan default collateral payable | **152,194** | 146,092 |
| Statement of changes in net assets available for benefits: | | |
| Net appreciation in fair value of investments | **$ 22,081,871** | |
| Interest and dividends | **1,535,001** | |
| Interest income on notes receivable from participants | **66,486** | |

The certification mentioned above includes all investment information discussed in Note 3 and 5.

## 5. Fully Benefit-Responsive Investment Contract

The Plan holds a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

| | 2021 | 2020 |
|---|---|---|
| Traditional investment contract | **$ 8,700,976** | $ 9,261,048 |

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) premature termination of the contracts, (4) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material representation or (4) a material amendment to the agreements without the consent of the issuer.

## 6. Exempt Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds and investment contracts managed by the Qualified Institutions or affiliates of the Qualified Institutions and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid to the Qualified Institutions by the Plan for administrative services were $10,103 for the year ended December 31, 2021.

Plan loans, distinguished from notes receivable, are offered by, and issued directly from funds owned by TIAA-CREF and VALIC and not directly from a participant's account. Accordingly, plan loans are not assets of the Plan. Adequate security is required; a portion of the participant's account is held in collateral to cover the outstanding loan in case of default. Interest for these plan loans is paid directly to TIAA-CREF and VALIC. At December 31, 2021 and 2020, outstanding plan loans of approximately $229,000 and $272,000 were collateralized by Plan assets of approximately $56,000 and $84,000, respectively. At December 31, 2021, plan loans bore interest rates ranging from 2.50% to 7.65%. These funds are presented within the group fixed annuity contracts.

## 7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

## 8. Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements. U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 9. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 participant account balances and the amounts reported in the statement of net assets available for benefits.

*Supplementary Information*

**Morehouse School of Medicine 403(b) Plan**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 58-1438873 PN: 001**
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | **Group Variable Annuity Account** | | | |
| | *Mutual Funds:* | | | |
| | AB Global | AB Global Bond I | | $ 946,136 |
| | Allianz Global Investors | AllianzGI Technology Fund | | 116,820 |
| | ALPS | ALPS Clough China I | | 47,158 |
| | ALPS | ALPS Kotak India ESG I | | 54,837 |
| | Amana Mutual Funds Trust | Amana Growth Fund | | 395,930 |
| | Amana Mutual Funds Trust | Amana Income Fund | | 155,508 |
| | Amana Mutual Funds Trust | Amana Developing World Fund | | 135,845 |
| | American Beacon | Ambcn Intl Eq R5 | | 49,021 |
| | American Funds | American Funds New Perspective Fund | | 649,582 |
| | American Funds | American Funds EuroPacific Growth Fund | | 207,665 |
| | American Funds | American Funds Growth Fund of America R6 | | 613 |
| | Avantis | Avantis U.S. Small Cap Value Instl Fund | | 348,503 |
| * | Equitable | AXA Moderate Allocation | | 1,572,815 |
| * | Equitable | Multimanager Technology | | 1,547,331 |
| * | Equitable | AXA Lg Cap Grw Managed Vol | | 484,756 |
| * | Equitable | AXA Lg Cap Val Managed Vol | | 388,306 |
| * | Equitable | AXA Moderate-Plus Allocation | | 302,851 |
| * | Equitable | AXA Mid Cap Val Managed Vol | | 323,688 |
| * | Equitable | AXA Aggressive Allocation | | 229,591 |
| * | Equitable | EQ/GAMCO Small Company Value | | 141,073 |
| * | Equitable | Charter Multi-Sector Bond | | 116,075 |
| * | Equitable | EQ/International Equity Index | | 98,027 |
| * | Equitable | AXA Glb Eqty Managed Vol | | 83,143 |
| * | Equitable | EQ/Equity 500 Index | | 104,883 |
| * | Equitable | AXA/Horizon Small Cap Value | | 77,945 |
| * | Equitable | EQ/Mid Cap Index | | 65,985 |
| * | Equitable | EQ/Large Cap Growth Value Index | | 91,243 |
| * | Equitable | EQ/Core Bond Index | | 9,112 |
| * | Equitable | Multimanager Core Bond | | 5,572 |
| * | Equitable | Target 2055 Allocation | | 2,084 |
| * | Equitable | EQ/Com Stock Index | | 2,004 |
| * | Equitable | Target 2035 Allocation | | 1,295 |
| * | Equitable | AXA Balanced Strategy | | 55,071 |
| | BlackRock | Blkrk Hi Yld Bd Port K | | 1,267,598 |
| | BlackRock | Blkrk Ttl Rtn K | | 942,783 |
| | BlackRock | Blkrk Mdcap Gr Eq Inst | | 686,868 |
| | BlackRock | Blkrk Strat Inc Oppr I | | 886,988 |
| | BlackRock | Blkrk 20/80 Trgtalloc K | | 7,117 |
| | Columbia | Col Sel LgCap Gr Inst2 | | 1,084,542 |
| | DFA | DFA US LgCap Val Inst | | 1,502,177 |
| | DFA | DFA Emrg Mkt Cor Eq Inst | | 1,079,087 |
| | DFA | DFA Glbl RealEst Sec Inst | | 10 |
| | DFA | DFA US Trgt Val Inst | | 31,802 |
| | DFA | DFA Infl Prtct Sec Inst | | 150,810 |

**Morehouse School of Medicine 403(b) Plan**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 58-1438873 PN: 001**
**December 31, 2021**

**(Continued)**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | Diamond Hill Capital | Diamond Hill Mid Cap I | | 722,801 |
| | Dodge & Cox | Dodge & Cox International Stock | | 1,504,755 |
| | DoubleLine | Dbline Ttl Rtn Bd N | | 196,763 |
| | Federated Investors, Inc. | Government Obligations Fund | | 238,536 |
| | Fidelity | Fidelity 500 Index | | 2,445,096 |
| | Fidelity | Fidelity U.S. Bond Index Fund | | 2,254,659 |
| | Fidelity | Fidelity International Index Fund | | 1,663,963 |
| | Fidelity | Fidelity Advisor Asset Manager 30% Fund Class I | | 7,254 |
| | Fidelity Advisor | Fidelity Advisor Stock Selector Mid Cap Fund | | 316,191 |
| | Fidelity Advisor | Fidelity Advisor Value Fund | | 316 |
| | Fidelity Advisor | Fidelity Advisor Energy Fund Class I | | 609 |
| | Fidelity Advisor | Fidelity Advisory Small Cap Value Fund Class I | | 627 |
| | Franklin | Franklin Mutual Shares Fund | | 2,967 |
| | Franklin | Franklin DynaTech Fund | | 9,987 |
| | Franklin | Franklin Biotechnology Discovery Fund | | 5,756 |
| | Franklin | Franklin Growth Fund | | 7,352 |
| | Franklin | Franklin Gold and Precious Metals Fund | | 14,016 |
| | Franklin | Franklin Small MidCap Growth A | | 8,440 |
| | Goldman Sachs | Goldman Sachs GQG Partners Intl Oppr Fund Class R6 | | 1,496,947 |
| | Harbor Funds | Harbor International Growth Fund | | 62,357 |
| | Invesco | Invesco Global Health CareFund | | 18,590 |
| | Invesco | Invesco V.I. Mid Cap Core Eqty | | 11,112 |
| | Invesco | Invesco Global Allocation Fund | | 2,139 |
| | Invesco | Bal Risk Commod Str | | 155 |
| | Invesco | Invesco Energy Fund R5 Class | | 5,022 |
| | Ivy Funds VIP | Ivy Funds VIP High Income | | 4,270 |
| | Ivy Pictet | Ivy Pictet Emerging Mkts Lcl Ccy Dbt Fund | | 7,076 |
| | JP Morgan | JPMorgan Equity Income Fund | | 1,405,985 |
| | Lord Abbett | Lord Abbett Floating Rate Fund | | 10,610 |
| | MFS | EQ/MFS International Value | | 6,402 |
| | MFS | EQ/MFS Utilities Series | | 2,479 |
| | Morgan Stanley | MSIF Inst Gr I | | 893,642 |
| * | Nationwide | Nationwide Loomis All Cap Growth Fund | | 1,197,742 |
| * | Nationwide | Nationwide International Index Fund | | 5,345 |
| | PIMCO | PIMCO Real Return Fund | | 1,459,164 |
| | PIMCO | PIMCO Commodity Real Return Strategy Fund | | 503,010 |
| | Principal | Principal Real Estate Securities Fund | | 36,467 |
| | Principal | Principal Global Real Estate Securities Fund R6 | | 502,076 |
| | Prudential | Prudential Total Return Bond Fund | | 1,628,182 |
| | Prudential | Prudential Jennison Natural Resources R6 | | 69,962 |
| | Prudential | Prudential Large Cap Core Equity Fund | | 20,288 |
| | Prudential | Prudential Jennison Diversified Growth Fund | | 12,267 |
| | Prudential | Prudential Jennison Equity Income Fund | | 9,951 |
| | Prudential | Prudential Jennison Mid Cap Growth Fund | | 6,317 |
| | Prudential | Prudential International Equity Fund | | 1,859 |
| | Prudential | Prudential Mid Cap Value Fund | | 1,403 |
| | Prudential | Prudential High Yield Fund | | 1,058 |

**Morehouse School of Medicine 403(b) Plan**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 58-1438873 PN: 001**
**December 31, 2021**

**(Continued)**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | Prudential | Prudential Small Cap Value Fund | | 1,332 |
| | Prudential | Prudential Jennison Small Company Fund | | 1,102 |
| | Prudential | Prudential MoneyMart Assets Inc | | 53 |
| | Putnam | Putnam Sustainable Future A | | 4,378 |
| | The Vanguard Group | Vanguard 500 Index Fund | | 2,302,389 |
| | The Vanguard Group | Vanguard Intermediate-Term Bond Index Fund | | 896,405 |
| | The Vanguard Group | Vanguard Extended Market Index Fund | | 822,987 |
| | The Vanguard Group | Vanguard Small-Cap Growth Index Fund | | 562,469 |
| | The Vanguard Group | Vanguard Total Stock Market Index Fund | | 555,875 |
| | The Vanguard Group | Vanguard Explorer Fund | | 397,506 |
| | The Vanguard Group | Vanguard Small Cap Value Index Fund | | 152,124 |
| | The Vanguard Group | Vanguard Small-Cap Index Fund | | 430,340 |
| | The Vanguard Group | Vanguard Mid-Cap Value Index Fund | | 222,260 |
| | The Vanguard Group | Vanguard Total International Stock Index Fund | | 162,134 |
| | The Vanguard Group | Vanguard Information Technology Index Fund | | 231,184 |
| | The Vanguard Group | Vanguard Windsor II | | 157,117 |
| | The Vanguard Group | Vanguard Emerging Markets Stock Index Fund | | 202,538 |
| | The Vanguard Group | Vanguard High-Yield Corporate Fund | | 83,616 |
| | The Vanguard Group | Vanguard Wellington Fund, Inc. | | 76,473 |
| | The Vanguard Group | Vanguard Short-Term Bond Index Fund | | 111,080 |
| | The Vanguard Group | Vanguard Total Bond Market Index Fund | | 76,685 |
| | The Vanguard Group | Vanguard Long-Term Treasury | | 48,890 |
| | The Vanguard Group | Vanguard Real Estate Index Fund | | 62,447 |
| | The Vanguard Group | Vanguard LT INV-Grade Fund | | 44,140 |
| | The Vanguard Group | Vanguard Mid-Cap Growth Index Fund | | 38,494 |
| | The Vanguard Group | Vanguard Target Retirement Income Fund | | 9,192 |
| | The Vanguard Group | Vanguard Dividend Appreciation Index Fund | | 15,064 |
| | The Vanguard Group | Vanguard Value Index Fund | | 24,844 |
| | The Vanguard Group | Vanguard Equity-Income Fund | | 7,766 |
| | The Vanguard Group | Vanguard Large-Cap Index Fund Admiral | | 21,688 |
| | The Vanguard Group | Vanguard Developing Market Index Admiral | | 6,689 |
| | The Vanguard Group | Vanguard Energy Index Fund Admiral Shares | | 609 |
| | The Vanguard Group | Vanguard Financials Index Fund Admiral Shares | | 615 |
| | The Vanguard Group | Vanguard Commodity Strategy Fund Admiral Shares | | 309 |
| * | TIAA-CREF | CREF Stock | | 25,485,605 |
| * | TIAA-CREF | CREF Growth | | 11,156,097 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2025-Rtmt | | 10,942,736 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2040-Rtmt | | 9,460,335 |
| * | TIAA-CREF | CREF Global Equities | | 8,608,044 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2030-Rtmt | | 8,676,691 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2020-Rtmt | | 7,574,033 |
| * | TIAA-CREF | CREF Bond Market | | 5,208,784 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2035-Rtmt | | 7,269,760 |
| * | TIAA-CREF | CREF Equity Index | | 5,224,160 |
| * | TIAA-CREF | CREF Social Choice | | 5,660,671 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2045-Rtmt | | 6,021,623 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2015-Rtmt | | 6,046,979 |

**Morehouse School of Medicine 403(b) Plan**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 58-1438873 PN: 001**
**December 31, 2021**

**(Continued)**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| * | TIAA-CREF | CREF Money Market | | 2,397,173 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2050-Rtmt | | 2,966,507 |
| * | TIAA-CREF | CREF Inflation-Linked Bond | | 1,855,377 |
| * | TIAA-CREF | TIAA-CREF Lg-Cap Growth Idx-Rtmt | | 2,416,569 |
| * | TIAA-CREF | TIAA-CREF Lfcyle Idx Rtmt Inc-Rtmt | | 1,747,528 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2010-Rtmt | | 1,624,735 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2055-Rtmt | | 1,595,292 |
| * | TIAA-CREF | TIAA-CREF Lg-Cap Val Idx-Rtmt | | 848,340 |
| * | TIAA-CREF | TIAA-CREF Lifecycle 2060-Rtmt | | 522,111 |
| * | TIAA-CREF | TIAA-CREF Real Estate Securities | | 39,218 |
| * | TIAA-CREF | Nuveen Mid Cap Value Fund Class I | | 318 |
| * | TIAA-CREF | Nuveen Small Cap Select Fund Class I | | 301 |
| * | TIAA-CREF | Nuveen Small Cap Value Fund Class I | | 310 |
| | T Rowe Price | T. Rowe Price Science and Technology Fund | | 7,157 |
| * | VALIC | Science & Technology Fund | | 512,229 |
| * | VALIC | Stock Index Fund | | 347,413 |
| * | VALIC | Growth Fund | | 183,323 |
| * | VALIC | Mid Cap Index Fund | | 160,484 |
| * | VALIC | International Socially Responsible Fund | | 97,728 |
| * | VALIC | Large Capital Growth | | 109,425 |
| * | VALIC | Global Strategy | | 87,695 |
| * | VALIC | International Growth Fund | | 87,088 |
| * | VALIC | Emerging Economies | | 79,668 |
| * | VALIC | International Value Fund | | 63,734 |
| * | VALIC | Small Cap Special Value Fund | | 57,766 |
| * | VALIC | Ariel Fund | | 51,479 |
| * | VALIC | Mid Cap Value Fund | | 50,304 |
| * | VALIC | INTL Opportunities | | 37,115 |
| * | VALIC | Inflation Protection Fund | | 33,970 |
| * | VALIC | High Yield Bond Fund | | 23,325 |
| * | VALIC | Small Cap Value Fund | | 27,070 |
| * | VALIC | Ariel Appreciation Fund | | 18,711 |
| * | VALIC | Money Market I Fund | | 8,862 |
| * | VALIC | Small Cap Index Fund | | 9,661 |
| * | VALIC | Mid Cap Strategic Growth | | 12,971 |
| * | VALIC | Systematic Core Fund | | 171,084 |
| * | VALIC | US Socially Responsible Fund | | 4,684 |
| * | VALIC | Dividend Value | | 3,209 |
| * | VALIC | International Equities Fund | | 2,624 |
| * | VALIC | Blue Chip Growth Fund | | 1,036 |
| * | VALIC | Global Real Estate Fund | | 893 |
| * | VALIC | International Government Bond | | 644 |
| * | VALIC | NASDAQ-100(R) Index Fund | | 746 |
| * | VALIC | Core Bond Fund | | 59,761 |
| * | VALIC | Small Cap Growth Fund | | 69,015 |
| * | VALIC | Systematic Value | | 1,950 |
| | Vaneck | Vaneck Global Resources Fund | | 67,663 |

**Morehouse School of Medicine 403(b) Plan**
**Schedule of Assets (Held at End of Year)**
**Schedule H, Line 4i**
**EIN: 58-1438873 PN: 001**
**December 31, 2021**

**(Continued)**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | Victory Capital | Victory RS Science and Technology Fund Class Y | | 6,058 |
| | *Pooled Separate Account:* | | | |
| * | TIAA-CREF | TIAA Real Estate | | $ 4,029,463 |
| | **Group Fixed Annuity Contracts** | | | |
| * | TIAA-CREF | TIAA Traditional Non Benefit Responsive | | $ 31,879,992 |
| * | TIAA-CREF | TIAA Traditional Benefit Responsive | | 8,700,976 |
| * | VALIC | Fixed Account Plus | | 2,345,634 |
| * | Nationwide | Fixed Account | | 1,550,447 |
| * | AXA Equitable | Guaranteed Interest Account | | 336,642 |
| * | TIAA-CREF | Plan Loan Default Fund | | 152,194 |
| * | VALIC | Loan Escrow and Collateral Fund | | 55,762 |
| * | VALIC | Short Term Fixed Account | | 54,853 |
| | **Participant Loans*** ** | | | |
| * | Nationwide | 4.25% to 6.50% | | $ 1,077,754 |
| * | AXA Equitable | 4.73% | | 19,185 |
| | | | | **$ 228,971,753** |

* *Party-in-interest*
** *Cost information omitted for participant-directed investments*
*** *The accompanying financial statements classify participant loans as notes receivable from participants*

# 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

**2021**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan; ☐ a DFE (specify) ___

**B** This return/report is: ☐ the first return/report; ☐ the final return/report;

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

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

**D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;

☐ special extension (enter description)

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

## Part II Basic Plan Information --- enter all requested information

**1a** Name of plan
Morehouse School of Medicine 403(b) Plan

**1b** Three-digit plan number (PN) ► 001

**1c** Effective date of plan 08/01/1981

**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)

Morehouse School of Medicine

720 Westview Drive, S.W.,

US Atlanta GA 30310-1458

**2b** Employer Identification Number (EIN)
58-1438873

**2c** Plan Sponsor's telephone number
(404) 752-1600

**2d** Business code (see instructions)
611000

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | Arlene Godfrey | 10/12/2022 | Arlene Godfrey |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | 10/12/2022 | Cindy Lubitz |
| | 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 [x] 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 and the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 2,632 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 1,117 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 1,167 |
| **b** Retired or separated participants receiving benefits | **6b** | |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 697 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1,864 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** Total. Add lines **6d** and **6e** | **6f** | 1,864 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1,930 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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:

2M 3D

**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) | [x] Insurance | (1) | [x] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [x] Trust | (3) | [x] Trust |
| (4) | [ ] General assets of the sponsor | (4) | [ ] General assets of the sponsor |

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

**a Pension Schedules**

(1) [x] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

(1) [x] **H** (Financial Information)

(2) [ ] **I** (Financial Information - Small Plan)

(3) [x] 5 **A** (Insurance Information)

(4) [x] **C** (Service Provider Information)

(5) [x] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

**Morehouse School of Medicine 403(b) Plan**

Employer Identification Number

58-1438873

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | AB GLOBAL | AB GLOBAL BOND I | | 946,136 |
| | ALLIANZ GLOBAL INVESTORS | ALLIANZGI TECHNOLOGY FUND | | 116,820 |
| | ALPS | ALPS CLOUGH CHINA I | | 47,158 |
| | ALPS | ALPS KOTAK INDIA ESG I | | 54,837 |
| | AMANA MUTUAL FUNDS TRUST | AMANA GROWTH FUND | | 395,930 |
| | AMANA MUTUAL FUNDS TRUST | AMANA INCOME FUND | | 155,508 |
| | AMANA MUTUAL FUNDS TRUST | AMANA DEVELOPING WORLD FUND | | 135,845 |
| | AMERICAN BEACON | AMBCN INTL EQ R5 | | 49,021 |
| | AMERICAN FUNDS | AMERICAN FUNDS NEW PERSPECTIVE | | 649,582 |
| | AMERICAN FUNDS | AMERICAN FUNDS EUROPACIFIC GRO | | 207,665 |
| | AMERICAN FUNDS | AMERICAN FUNDS GROWTH FUND OF | | 613 |
| | AVANTIS | AVANTIS U.S. SMALL CAP VALUE I | | 348,503 |
| | EQUITABLE | AXA MODERATE ALLOCATION | | 1,572,815 |
| | EQUITABLE | MULTIMANAGER TECHNOLOGY | | 1,547,331 |
| | EQUITABLE | AXA LG CAP GRW MANAGED VOL | | 484,756 |
| | EQUITABLE | AXA LG CAP VAL MANAGED VOL | | 388,306 |
| | EQUITABLE | AXA MODERATE-PLUS ALLOCATION | | 302,851 |
| | EQUITABLE | AXA MID CAP VAL MANAGED VOL | | 323,688 |
| | EQUITABLE | AXA AGGRESSIVE ALLOCATION | | 229,591 |
| | EQUITABLE | EQ/GAMCO SMALL COMPANY VALUE | | 141,073 |
| | EQUITABLE | CHARTER MULTI-SECTOR BOND | | 116,075 |
| | EQUITABLE | EQ/INTERNATIONAL EQUITY INDEX | | 98,027 |
| | EQUITABLE | AXA GLB EQTY MANAGED VOL | | 83,143 |
| | EQUITABLE | EQ/EQUITY 500 INDEX | | 104,883 |
| | EQUITABLE | AXA/HORIZON SMALL CAP VALUE | | 77,945 |
| | EQUITABLE | EQ/MID CAP INDEX | | 65,985 |
| | EQUITABLE | EQ/LARGE CAP GROWTH VALUE INDE | | 91,243 |
| | EQUITABLE | EQ/CORE BOND INDEX | | 9,112 |
| | EQUITABLE | MULTIMANAGER CORE BOND | | 5,572 |
| | EQUITABLE | TARGET 2055 ALLOCATION | | 2,084 |
| | EQUITABLE | EQ/COM STOCK INDEX | | 2,004 |
| | EQUITABLE | TARGET 2035 ALLOCATION | | 1,295 |
| | EQUITABLE | AXA BALANCED STRATEGY | | 55,071 |
| | BLACKROCK | BLKRK HI YLD BD PORT K | | 1,267,598 |
| | BLACKROCK | BLKRK TTL RTN K | | 942,783 |
| | BLACKROCK | BLKRK MDCAP GR EQ INST | | 686,868 |
| | BLACKROCK | BLKRK STRAT INC OPPR I | | 886,988 |
| | BLACKROCK | BLKRK 20/80 TRGTALLOC K | | 7,117 |
| | COLUMBIA | COL SEL LGCAP GR INST2 | | 1,084,542 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

**Morehouse School of Medicine 403(b) Plan**

Employer Identification Number

58-1438873

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | DFA | DFA INFL PRTCT SEC INST | | |
| * | DOUBLELINE | DBLINE TTL RTN BD N | | |
| * | FEDERATED INVESTORS, INC. | GOVERNMENT OBLIGATIONS FUND | | |
| * | FIDELITY | FIDELITY 500 INDEX | | |
| * | FIDELITY | FIDELITY U.S. BOND INDEX FUND | | |
| * | FIDELITY | FIDELITY INTERNATIONAL INDEX F | | |
| * | FIDELITY ADVISOR | FIDELITY ADVISOR STOCK SELECTO | | |
| * | FRANKLIN | FRANKLIN MUTUAL SHARES FUND | | |
| * | FRANKLIN | FRANKLIN BIOTECHNOLOGY DISCOVE | | |
| * | FRANKLIN | FRANKLIN DYNATECH FUND | | |
| * | FRANKLIN | FRANKLIN GROWTH FUND | | |
| * | HARBOR FUNDS | HARBOR INTERNATIONAL GROWTH FU | | |
| * | INVESCO | INVESCO GLOBAL HEALTH CAREFUN | | |
| * | INVESCO | INVESCO V.I. MID CAP CORE EQTY | | |
| * | INVESCO | BAL RISK COMMOD STR | | |
| * | IVY FUNDS VIP | IVY FUNDS VIP HIGH INCOME | | |
| * | IVY PICTET | IVY PICTET EMERGING MKTS LCL C | | |
| * | JP MORGAN | JPMORGAN EQUITY INCOME FUND | | |
| * | LORD ABBETT | LORD ABBETT FLOATING RATE FUND | | |
| * | MFS | EQ/MFS TECHNOLOGY | | |
| * | MFS | EQ/MFS INTERNATIONAL VALUE | | |
| * | MFS | EQ/MFS UTILITIES SERIES | | |
| * | MORGAN STANLEY | MSIF INST GR I | | |
| * | NATIONWIDE | NATIONWIDE LOOMIS ALL CAP GROW | | |
| * | NATIONWIDE | NATIONWIDE INTERNATIONAL INDEX | | |
| * | FIDELITY | FIDELITY ADVISOR ASSET MGR 30 | | |
| * | PIMCO | PIMCO REAL RETURN FUND | | |
| * | PRINCIPAL | PRINCIPAL REAL ESTATE SECURITI | | |
| * | PRUDENTIAL | PRUDENTIAL TOTAL RETURN BOND F | | |
| * | PRUDENTIAL | PRUDENTIAL LARGE CAP CORE EQUI | | |
| * | PRUDENTIAL | PRUDENTIAL JENNISON EQUITY INC | | |
| * | PRUDENTIAL | PRUDENTIAL JENNISON DIVERSIFIE | | |
| * | PRUDENTIAL | PRUDENTIAL JENNISON MID CAP GR | | |
| * | PRUDENTIAL | PRUDENTIAL INTERNATIONAL EQUIT | | |
| * | PRUDENTIAL | PRUDENTIAL MID CAP VALUE FUND | | |
| * | PRUDENTIAL | PRUDENTIAL SMALL CAP VALUE FUN | | |
| * | PRUDENTIAL | PRUDENTIAL HIGH YIELD FUND | | |
| * | PRUDENTIAL | PRUDENTIAL JENNISON SMALL COMP | | |
| | PRUDENTIAL | PRUDENTIAL MONEYMART ASSETS IN | | |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

**Morehouse School of Medicine 403(b) Plan**

Employer Identification Number

58-1438873

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | PUTNAM | PUTNAM MULTI CAP VALUE FUND | | |
| * | THE VANGUARD GROUP | VANGUARD 500 INDEX FUND | | |
| * | THE VANGUARD GROUP | VANGUARD DEVELOPING MKT INDEX | | |
| * | THE VANGUARD GROUP | VANGUARD INTERMEDIATE-TERM BON | | |
| * | THE VANGUARD GROUP | VANGUARD SMALL-CAP GROWTH INDE | | |
| * | THE VANGUARD GROUP | VANGUARD EXTENDED MARKET INDEX | | |
| * | THE VANGUARD GROUP | VANGUARD SMALL-CAP INDEX FUND | | |
| * | THE VANGUARD GROUP | VANGUARD MID-CAP VALUE INDEX F | | |
| * | THE VANGUARD GROUP | VANGUARD SMALL CAP VALUE INDEX | | |
| * | THE VANGUARD GROUP | VANGUARD WINDSOR II | | |
| * | THE VANGUARD GROUP | VANGUARD TOTAL STOCK MARKET IN | | |
| * | THE VANGUARD GROUP | VANGUARD TOTAL INTERNATIONAL S | | |
| * | THE VANGUARD GROUP | VANGUARD EMERGING MARKETS STOC | | |
| * | THE VANGUARD GROUP | VANGUARD HIGH-YIELD CORPORATE | | |
| * | THE VANGUARD GROUP | VANGUARD INFORMATION TECHNOLOG | | |
| * | THE VANGUARD GROUP | VANGUARD WELLINGTON FUND, INC. | | |
| * | THE VANGUARD GROUP | VANGUARD TOTAL BOND MARKET IND | | |
| * | THE VANGUARD GROUP | VANGUARD LONG-TERM TREASURY | | |
| * | THE VANGUARD GROUP | VANGUARD REAL ESTATE INDEX FUN | | |
| * | THE VANGUARD GROUP | VANGUARD SHORT-TERM BOND INDEX | | |
| * | THE VANGUARD GROUP | VANGUARD LT INV-GRADE FUND | | |
| * | THE VANGUARD GROUP | VANGUARD LG CAP IDX FD ADMIRAL | | |
| * | THE VANGUARD GROUP | VANGUARD DIVIDEND APPRECIATION | | |
| * | THE VANGUARD GROUP | VANGUARD VALUE INDEX FUND | | |
| * | THE VANGUARD GROUP | VANGUARD EQUITY-INCOME FUND | | |
| * | THE VANGUARD GROUP | VANGUARD MID-CAP GROWTH INDEX | | |
| * | TIAA-CREF | CREF STOCK | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2025-RTMT | | |
| * | TIAA-CREF | CREF GROWTH | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2030-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2040-RTMT | | |
| * | TIAA-CREF | CREF GLOBAL EQUITIES | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2020-RTMT | | |
| * | TIAA-CREF | CREF BOND MARKET | | |
| | TIAA-CREF | CREF SOCIAL CHOICE | | |
| * | TIAA-CREF | CREF EQUITY INDEX | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2035-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2015-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2045-RTMT | | |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

**Morehouse School of Medicine 403(b) Plan**

Employer Identification Number

58-1438873

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | DFA | DFA US LGCAP VAL INST | | 1,502,177 |
| | DFA | DFA EMRG MKT COR EQ INST | | 1,079,087 |
| | DFA | DFA GLBL REALEST SEC INST | | 10 |
| | DFA | DFA US TRGT VAL INST | | 31,802 |
| | DFA | DFA INFL PRTCT SEC INST | | 150,810 |
| | DIAMOND HILL CAPITAL | DIAMOND HILL MID CAP I | | 722,801 |
| | DODGE & COX | DODGE & COX INTERNATIONAL STOC | | 1,504,755 |
| | DOUBLELINE | DBLINE TTL RTN BD N | | 196,763 |
| | FEDERATED INVESTORS, INC. | GOVERNMENT OBLIGATIONS FUND | | 238,536 |
| | FIDELITY | FIDELITY 500 INDEX | | 2,445,096 |
| | FIDELITY | FIDELITY U.S. BOND INDEX FUND | | 2,254,659 |
| | FIDELITY | FIDELITY INTERNATIONAL INDEX F | | 1,663,963 |
| | FIDELITY | FIDELITY ADVISOR ASSET MANAGER | | 7,254 |
| | FIDELITY ADVISOR | FIDELITY ADVISOR STOCK SELECTO | | 316,191 |
| | FIDELITY ADVISOR | FIDELITY ADVISOR VALUE FUND | | 316 |
| | FIDELITY ADVISOR | FIDELITY ADVISOR ENERGY FUND C | | 609 |
| | FIDELITY ADVISOR | FIDELITY ADVISORY SMALL CAP VA | | 627 |
| | FRANKLIN | FRANKLIN MUTUAL SHARES FUND | | 2,967 |
| | FRANKLIN | FRANKLIN DYNATECH FUND | | 9,987 |
| | FRANKLIN | FRANKLIN BIOTECHNOLOGY DISCOVE | | 5,756 |
| | FRANKLIN | FRANKLIN GROWTH FUND | | 7,352 |
| | FRANKLIN | FRANKLIN GOLD AND PRECIOUS MET | | 14,016 |
| | FRANKLIN | FRANKLIN SMALL MIDCAP GROWTH A | | 8,440 |
| | GOLDMAN SACHS | GOLDMAN SACHS GQG PARTNERS INT | | 1,496,947 |
| | HARBOR FUNDS | HARBOR INTERNATIONAL GROWTH FU | | 62,357 |
| | INVESCO | INVESCO GLOBAL HEALTH CAREFUND | | 18,590 |
| | INVESCO | INVESCO V.I. MID CAP CORE EQTY | | 11,112 |
| | INVESCO | INVESCO GLOBAL ALLOCATION FUND | | 2,139 |
| | INVESCO | BAL RISK COMMOD STR | | 155 |
| | INVESCO | INVESCO ENERGY FUND R5 CLASS | | 5,022 |
| | IVY FUNDS VIP | IVY FUNDS VIP HIGH INCOME | | 4,270 |
| | IVY PICTET | IVY PICTET EMERGING MKTS LCL C | | 7,076 |
| | JP MORGAN | JPMORGAN EQUITY INCOME FUND | | 1,405,985 |
| | LORD ABBETT | LORD ABBETT FLOATING RATE FUND | | 10,610 |
| | MFS | EQ/MFS INTERNATIONAL VALUE | | 6,402 |
| | MFS | EQ/MFS UTILITIES SERIES | | 2,479 |
| | MORGAN STANLEY | MSIF INST GR I | | 893,642 |
| | NATIONWIDE | NATIONWIDE LOOMIS ALL CAP GROW | | 1,197,742 |
| | NATIONWIDE | NATIONWIDE INTERNATIONAL INDEX | | 5,345 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

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|---|---|---|---|---|
| | TIAA-CREF | CREF MONEY MARKET | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2050-RTMT | | |
| * | TIAA-CREF | CREF INFLATION-LINKED BOND | | |
| * | TIAA-CREF | TIAA-CREF LFCYLE IDX RTMT INC- | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2010-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2055-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LG-CAP GROWTH IDX-RT | | |
| * | TIAA-CREF | TIAA-CREF LG-CAP VAL IDX-RTMT | | |
| * | TIAA-CREF | TIAA-CREF LIFECYCLE 2060-RTMT | | |
| * | TIAA-CREF | TIAA-CREF REAL ESTATE SECURITI | | |
| * | VALIC | SCIENCE & TECHNOLOGY FUND | | |
| * | VALIC | STOCK INDEX FUND | | |
| * | VALIC | INTERNATIONAL GROWTH FUND | | |
| * | VALIC | CORE EQUITY FUND | | |
| * | VALIC | GROWTH FUND | | |
| * | VALIC | MID CAP INDEX FUND | | |
| * | VALIC | LARGE CAPITAL GROWTH | | |
| * | VALIC | GROWTH & INCOME FUND | | |
| * | VALIC | GLOBAL STRATEGY | | |
| * | VALIC | INTERNATIONAL SOCIALLY RESPONS | | |
| * | VALIC | EMERGING ECONOMIES | | |
| * | VALIC | HEALTH SCIENCES FUND | | |
| * | VALIC | MID CAP VALUE FUND | | |
| * | VALIC | INTERNATIONAL VALUE FUND | | |
| * | VALIC | ARIEL FUND | | |
| * | VALIC | SMALL CAP FUND | | |
| * | VALIC | STRATEGIC BOND FUND | | |
| * | VALIC | SMALL CAP SPECIAL VALUE FUND | | |
| * | VALIC | INTL OPPORTUNITIES | | |
| * | VALIC | HIGH YIELD BOND FUND | | |
| * | VALIC | INFLATION PROTECTION FUND | | |
| * | VALIC | SMALL CAP VALUE FUND | | |
| * | VALIC | ARIEL APPRECIATION FUND | | |
| * | VALIC | MONEY MARKET I FUND | | |
| * | VALIC | INTERNATIONAL GOVERNMENT BOND | | |
| * | VALIC | CAPITAL CONSERVATION | | |
| * | VALIC | SMALL CAP INDEX FUND | | |
| * | VALIC | MID CAP STRATEGIC GROWTH | | |
| * | VALIC | SMALL MID GROWTH FUND | | |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

**Morehouse School of Medicine 403(b) Plan**

Employer Identification Number

58-1438873

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PIMCO | PIMCO REAL RETURN FUND | | 1,459,164 |
| | PIMCO | PIMCO COMMODITY REAL RETURN ST | | 503,010 |
| | PRINCIPAL | PRINCIPAL REAL ESTATE SECURITI | | 36,467 |
| | PRINCIPAL | PRINCIPAL GLOBAL REAL ESTATE S | | 502,076 |
| | PRUDENTIAL | PRUDENTIAL TOTAL RETURN BOND F | | 1,628,182 |
| | PRUDENTIAL | PRUDENTIAL JENNISON NATURAL RE | | 69,962 |
| | PRUDENTIAL | PRUDENTIAL LARGE CAP CORE EQUI | | 20,288 |
| | PRUDENTIAL | PRUDENTIAL JENNISON DIVERSIFIE | | 12,267 |
| | PRUDENTIAL | PRUDENTIAL JENNISON EQUITY INC | | 9,951 |
| | PRUDENTIAL | PRUDENTIAL JENNISON MID CAP GR | | 6,317 |
| | PRUDENTIAL | PRUDENTIAL INTERNATIONAL EQUIT | | 1,859 |
| | PRUDENTIAL | PRUDENTIAL MID CAP VALUE FUND | | 1,403 |
| | PRUDENTIAL | PRUDENTIAL HIGH YIELD FUND | | 1,058 |
| | PRUDENTIAL | PRUDENTIAL SMALL CAP VALUE FUN | | 1,332 |
| | PRUDENTIAL | PRUDENTIAL JENNISON SMALL COMP | | 1,102 |
| | PRUDENTIAL | PRUDENTIAL MONEYMART ASSETS IN | | 53 |
| | PUTNAM | PUTNAM SUSTAINABLE FUTURE A | | 4,378 |
| | THE VANGUARD GROUP | VANGUARD 500 INDEX FUND | | 2,302,389 |
| | THE VANGUARD GROUP | VANGUARD INTERMEDIATE-TERM BON | | 896,405 |
| | THE VANGUARD GROUP | VANGUARD EXTENDED MARKET INDEX | | 822,987 |
| | THE VANGUARD GROUP | VANGUARD SMALL-CAP GROWTH INDE | | 562,469 |
| | THE VANGUARD GROUP | VANGUARD TOTAL STOCK MARKET IN | | 555,875 |
| | THE VANGUARD GROUP | VANGUARD EXPLORER FUND | | 397,506 |
| | THE VANGUARD GROUP | VANGUARD SMALL CAP VALUE INDEX | | 152,124 |
| | THE VANGUARD GROUP | VANGUARD SMALL-CAP INDEX FUND | | 430,340 |
| | THE VANGUARD GROUP | VANGUARD MID-CAP VALUE INDEX F | | 222,260 |
| | THE VANGUARD GROUP | VANGUARD TOTAL INTERNATIONAL S | | 162,134 |
| | THE VANGUARD GROUP | VANGUARD INFORMATION TECHNOLOG | | 231,184 |
| | THE VANGUARD GROUP | VANGUARD WINDSOR II | | 157,117 |
| | THE VANGUARD GROUP | VANGUARD EMERGING MARKETS STOC | | 202,538 |
| | THE VANGUARD GROUP | VANGUARD HIGH-YIELD CORPORATE | | 83,616 |
| | THE VANGUARD GROUP | VANGUARD WELLINGTON FUND, INC. | | 76,473 |
| | THE VANGUARD GROUP | VANGUARD SHORT-TERM BOND INDEX | | 111,080 |
| | THE VANGUARD GROUP | VANGUARD TOTAL BOND MARKET IND | | 76,685 |
| | THE VANGUARD GROUP | VANGUARD LONG-TERM TREASURY | | 48,890 |
| | THE VANGUARD GROUP | VANGUARD REAL ESTATE INDEX FUN | | 62,447 |
| | THE VANGUARD GROUP | VANGUARD LT INV-GRADE FUND | | 44,140 |
| | THE VANGUARD GROUP | VANGUARD MID-CAP GROWTH INDEX | | 38,494 |
| | THE VANGUARD GROUP | VANGUARD TARGET RETIREMENT INC | | 9,192 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

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|---|---|---|---|---|
| * | VALIC | US SOCIALLY RESPONSIBLE FUND | | |
| * | VALIC | CORE BOND FUND | | |
| * | VALIC | MONEY MARKET II FUND | | |
| * | VALIC | DIVIDEND VALUE | | |
| * | VALIC | LARGE CAP VALUE FUND | | |
| * | VALIC | INTERNATIONAL EQUITIES FUND | | |
| * | VALIC | BLUE CHIP GROWTH FUND | | |
| * | VALIC | VALUE FUND | | |
| * | VALIC | GLOBAL REAL ESTATE FUND | | |
| * | VALIC | MID CAP GROWTH FUND | | |
| * | VALIC | NASDAQ-100(R) INDEX FUND | | |
| * | VALIC | LARGE CAP CORE | | |
| | TIAA-CREF | TIAA REAL ESTATE | | |
| | TIAA-CREF | TIAA TRADITIONAL NON BENEFIT R | | |
| | TIAA-CREF | TIAA TRADITIONAL BENEFIT RESPO | | |
| | VALIC | FIXED ACCOUNT PLUS | | |
| | NATIONWIDE | FIXED ACCOUNT | | |
| | AXA EQUITABLE | GUARANTEED INTEREST ACCOUNT | | |
| | VALIC | LOAN ESCROW AND COLLATERAL FUN | | |
| | TIAA-CREF | PLAN LOAN DEFAULT FUND | | |
| | VALIC | SHORT TERM FIXED ACCOUNT | | |
| | NATIONWIDE | PARTICIPANT LOANS- 5.75% TO 6. | | |
| | AXA EQUITABLE & LINCOLN | PARTICIPANT LOANS- 4.73% TO 5. | | |
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# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

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|---|---|---|---|---|
| | THE VANGUARD GROUP | VANGUARD DIVIDEND APPRECIATION | | 15,064 |
| | THE VANGUARD GROUP | VANGUARD VALUE INDEX FUND | | 24,844 |
| | THE VANGUARD GROUP | VANGUARD EQUITY-INCOME FUND | | 7,766 |
| | THE VANGUARD GROUP | VANGUARD LARGE-CAP INDEX FUND | | 21,688 |
| | THE VANGUARD GROUP | VANGUARD DEVELOPING MARKET IND | | 6,689 |
| | THE VANGUARD GROUP | VANGUARD ENERGY INDEX FUND ADM | | 609 |
| | THE VANGUARD GROUP | VANGUARD FINANCIALS INDEX FUND | | 615 |
| | THE VANGUARD GROUP | VANGUARD COMMODITY STRATEGY FU | | 309 |
| | TIAA-CREF | CREF STOCK | | 25,485,605 |
| | TIAA-CREF | CREF GROWTH | | 11,156,097 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2025-RTMT | | 10,942,736 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2040-RTMT | | 9,460,335 |
| | TIAA-CREF | CREF GLOBAL EQUITIES | | 8,608,044 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2030-RTMT | | 8,676,691 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2020-RTMT | | 7,574,033 |
| | TIAA-CREF | CREF BOND MARKET | | 5,208,784 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2035-RTMT | | 7,269,760 |
| | TIAA-CREF | CREF EQUITY INDEX | | 5,224,160 |
| | TIAA-CREF | CREF SOCIAL CHOICE | | 5,660,671 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2045-RTMT | | 6,021,623 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2015-RTMT | | 6,046,979 |
| | TIAA-CREF | CREF MONEY MARKET | | 2,397,173 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2050-RTMT | | 2,966,507 |
| | TIAA-CREF | CREF INFLATION-LINKED BOND | | 1,855,377 |
| | TIAA-CREF | TIAA-CREF LG-CAP GROWTH IDX-RT | | 2,416,569 |
| | TIAA-CREF | TIAA-CREF LFCYLE IDX RTMT INC- | | 1,747,528 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2010-RTMT | | 1,624,735 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2055-RTMT | | 1,595,292 |
| | TIAA-CREF | TIAA-CREF LG-CAP VAL IDX-RTMT | | 848,340 |
| | TIAA-CREF | TIAA-CREF LIFECYCLE 2060-RTMT | | 522,111 |
| | TIAA-CREF | TIAA-CREF REAL ESTATE SECURITI | | 39,218 |
| | TIAA-CREF | NUVEEN MID CAP VALUE FUND CLAS | | 318 |
| | TIAA-CREF | NUVEEN SMALL CAP SELECT FUND C | | 301 |
| | TIAA-CREF | NUVEEN SMALL CAP VALUE FUND CL | | 310 |
| | T ROWE PRICE | T. ROWE PRICE SCIENCE AND TECH | | 7,157 |
| | VALIC | SCIENCE & TECHNOLOGY FUND | | 512,229 |
| | VALIC | STOCK INDEX FUND | | 347,413 |
| | VALIC | GROWTH FUND | | 183,323 |
| | VALIC | MID CAP INDEX FUND | | 160,484 |

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|---|---|---|---|---|
| | VALIC | INTERNATIONAL SOCIALLY RESPONS | | 97,728 |
| | VALIC | LARGE CAPITAL GROWTH | | 109,425 |
| | VALIC | GLOBAL STRATEGY | | 87,695 |
| | VALIC | INTERNATIONAL GROWTH FUND | | 87,088 |
| | VALIC | EMERGING ECONOMIES | | 79,668 |
| | VALIC | INTERNATIONAL VALUE FUND | | 63,734 |
| | VALIC | SMALL CAP SPECIAL VALUE FUND | | 57,766 |
| | VALIC | ARIEL FUND | | 51,479 |
| | VALIC | MID CAP VALUE FUND | | 50,304 |
| | VALIC | INTL OPPORTUNITIES | | 37,115 |
| | VALIC | INFLATION PROTECTION FUND | | 33,970 |
| | VALIC | HIGH YIELD BOND FUND | | 23,325 |
| | VALIC | SMALL CAP VALUE FUND | | 27,070 |
| | VALIC | ARIEL APPRECIATION FUND | | 18,711 |
| | VALIC | MONEY MARKET I FUND | | 8,862 |
| | VALIC | SMALL CAP INDEX FUND | | 9,661 |
| | VALIC | MID CAP STRATEGIC GROWTH | | 12,971 |
| | VALIC | SYSTEMATIC CORE FUND | | 171,084 |
| | VALIC | US SOCIALLY RESPONSIBLE FUND | | 4,684 |
| | VALIC | DIVIDEND VALUE | | 3,209 |
| | VALIC | INTERNATIONAL EQUITIES FUND | | 2,624 |
| | VALIC | BLUE CHIP GROWTH FUND | | 1,036 |
| | VALIC | GLOBAL REAL ESTATE FUND | | 893 |
| | VALIC | INTERNATIONAL GOVERNMENT BOND | | 644 |
| | VALIC | NASDAQ-100(R) INDEX FUND | | 746 |
| | VALIC | CORE BOND FUND | | 59,761 |
| | VALIC | SMALL CAP GROWTH FUND | | 69,015 |
| | VALIC | SYSTEMATIC VALUE | | 1,950 |
| | VANECK | VANECK GLOBAL RESOURCES FUND | | 67,663 |
| | VICTORY CAPITAL | VICTORY RS SCIENCE AND TECHNOL | | 6,058 |
| | TIAA-CREF | TIAA REAL ESTATE | | 4,029,463 |
| | TIAA-CREF | TIAA TRADITIONAL NON BENEFIT R | | 31,879,992 |
| | TIAA-CREF | TIAA TRADITIONAL BENEFIT RESPO | | 8,700,976 |
| | VALIC | FIXED ACCOUNT PLUS | | 2,345,634 |
| | NATIONWIDE | FIXED ACCOUNT | | 1,550,447 |
| | AXA EQUITABLE | GUARANTEED INTEREST ACCOUNT | | 336,642 |
| | TIAA-CREF | PLAN LOAN DEFAULT FUND | | 152,194 |
| | VALIC | LOAN ESCROW AND COLLATERAL FUN | | 55,762 |
| | VALIC | SHORT TERM FIXED ACCOUNT | | 54,853 |

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|---|---|---|---|---|
| | NATIONWIDE | PARTICIPANT LOANS 4.25 TO 6.50 | | 1,077,754 |
| | AXA EQUITABLE | PARTICIPANT LOANS 4.73 | | 19,185 |