Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [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.	10/02/2024	TREVOR ARMSTRONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2024	TREVOR ARMSTRONG
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1462
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)**	776
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	761
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	659
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1420
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	1432
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	902
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	872
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	895	01/01/2023	12/31/2023

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

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

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	(c) Amount	**(d)** Purpose	

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

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	(c) Amount	**(d)** Purpose	

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

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

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	41850374
5	Current value of plan's interest under this contract in separate accounts at year end	5	62302973

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ 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	41186711
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1889919		
	(4) Transferred from separate account	7c(4)	2130723		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	4020642
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	45207353
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1591211		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	1707217		
	(4) Other (specify below) ▶	7e(4)	58551		
	(5) Total deductions			7e(5)	3356979
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	41850374

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	45	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
311	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

CLIFFORD ENGLAND
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
			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
45	0		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	
52	0		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	
214	0		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	2201297
5	Current value of plan's interest under this contract in separate accounts at year end	5	1620108

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	2181703
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	77137		
	(4) Transferred from separate account	7c(4)	10160		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	87297
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2269000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16998		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	49200		
	(4) Other (specify below)	7e(4)	1505		
	▶				
	(5) Total deductions			7e(5)	67703
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2201297

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	517-80147	0	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
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	
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. Specify nature of costs ▶	6d	

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	1798461
c	Additions: (1) Contributions deposited during the year	7c(1)	177774		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	33014		
	(4) Transferred from separate account	7c(4)	668613		
	(5) Other (specify below) ▶	7c(5)	14962		
	(6) Total additions			7c(6)	894363
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2692824
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20132		
	(2) Administration charge made by carrier	7e(2)	36		
	(3) Transferred to separate account	7e(3)	663117		
	(4) Other (specify below) ▶	7e(4)	269		
	(5) Total deductions			7e(5)	683554
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2009270

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	34	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8579	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
5576	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
3003	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**	
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**	
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**	

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	0	01/01/2023	12/31/2023

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

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

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
			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	
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	69353
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	69353
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	69353

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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 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

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

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

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

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

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

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?
		224348	Yes [X] No [ ]	Yes [X] No [ ]		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?
		19095	Yes [ ] No [X]	Yes [ ] No [X]		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 [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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	2891258

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, other than DCGs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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 reported 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)	155410	219509
(2) Participant contributions	1b(2)	215329	301246
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2154463	2159188
(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)		0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1678493	1984202
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4181173	2891258
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142909617	177007202
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	45637496	46528858
(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	196931981	231091463
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	88741	91100
k	Total liabilities (add all amounts in lines 1g through1j)	1k	88741	91100
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	196843240	231000363

Part II Income and Expense Statement

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

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	5855427	
	(B) Participants	2a(1)(B)	7658550	
	(C) Others (including rollovers)	2a(1)(C)	892005	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14405982
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)	79360	
	(F) Other	2b(1)(F)	2076	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		81436
	(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)	129183	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		129183
	(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)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(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)		29458854
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		44075455
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9832720	
(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)		9832720
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		74433
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11179	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11179
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9918332
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		34157123
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] 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) [X] 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 MAZARS LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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 [X] No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
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** 0

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

EIN(s): 13-1624203 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500766A .

Morehouse School of Medicine 403(b) Plan

EIN 58-1438873 PN 001

Independent Auditor's Report, Financial Statements, and Supplemental Schedule

December 31, 2023 and 2022

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Forvis Mazars, LLP
191 Peachtree Street NE, Suite 2700
Atlanta, GA 30303
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Independent Auditor's Report

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

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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying 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 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

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.

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

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

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 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 audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Forvis Mazars, LLP

Atlanta, Georgia
September 30, 2024

Federal Employer Identification Number: 44-0160260

Morehouse School of Medicine 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments at fair value	$ 219,510,876	$ 186,040,028
Investments at contract value	9,142,175	8,896,924
Total Investments	228,653,051	194,936,952
Receivables		
Participant contributions	301,246	215,329
Employer contributions	219,509	155,410
Notes receivable from participants	1,917,655	1,624,290
Total Receivables	2,438,410	1,995,029
Total Assets	231,091,461	196,931,981
LIABILITIES		
Loan default collateral payable	91,100	88,741
Total liabilities	91,100	88,741
Net Assets Available for Benefits	$ 231,000,361	$ 196,843,240

Morehouse School of Medicine 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

Additions to Net Assets Attributed to	
Investment Income	
Net appreciation in fair value of investments	$ 27,573,232
Interest and dividends	2,016,880
Total investment income	29,590,112
Interest Income on Notes Receivable from Participants	79,360
Contributions	
Participant	7,658,550
Employer	5,855,427
Rollovers	892,005
Total Contributions	14,405,982
Total Additions	44,075,454
Deductions from Net Assets Attributed to	
Benefits paid to participants	9,907,153
Administrative expenses	11,180
Total Deductions	9,918,333
Net Change	34,157,121
Net Assets Available for Benefits, Beginning of year	196,843,240
Net Assets Available for Benefits, End of Year	$ 231,000,361

Note 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 18.75 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 $22,500 for participants under the age of 50, and $30,000 for participants age 50 and older in 2023. 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 certain foreign nationals) are eligible to participate in the discretionary match after 3 months of service. Effective January 1, 2024, the plan was amended to remove the service requirement for employer match contributions.

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 Trust Company, FSB ("Nationwide"), The Variable Annuity Life Insurance Company ("VALIC"), Equitable Financial Life Insurance Company ("Equitable") and Lincoln Investment Planning, LLC ("Lincoln"), (collectively, the "Qualified Institutions"). Certain investments are held by UMB Bank, N.A. as a directed qualified institution by Lincoln and are included in the Lincoln certification. 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. Pre-tax salary deferral 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, 2023 and 2022, forfeited non-vested accounts totaled approximately $272,000 and $194,000, respectively. These accounts will be used to reduce Employer contributions and then administrative expenses. During 2023, forfeitures of approximately $32,000 were used to offset Employer contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts with 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, 2023, outstanding loans bore interest rates ranging from 4.25 to 9.50%. Principal and interest are paid ratably.

Loan Escrow and Collateral Funds

Prior to 2019, participants were able to 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.

Note 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 September 30, 2024, the date the financial statements were available to be issued.

Note 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, 2023 and 2022.

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, 2023 and 2022:

	As of December 31, 2023			
	Level 1	**Level 2**	**Level 3**	**Total**
Group variable annuity contracts:				
Mutual funds	$179,166,389	$ -	$ -	$179,166,389
Group fixed annuity contracts:				
Non benefit-responsive investment contracts	-	-	37,453,229	37,453,229
Total assets in the fair value hierarchy	$ -	$ -	$ -	216,619,618
Investments measured at NAV *(a)*				2,891,258
Investments at fair value				$ 219,510,876

	As of December 31, 2022			
	Level 1	**Level 2**	**Level 3**	**Total**
Group variable annuity contracts:				
Mutual funds	$145,064,080	$ -	$ -	$145,064,080
Group fixed annuity contracts:				
Non benefit-responsive investment contracts	-	-	36,794,775	36,794,775
Total assets in the fair value hierarchy	$ -	$ -	$ -	181,858,855
Investments measured at NAV *(a)*				4,181,173
Investments at fair value				$186,040,028

(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, 2023 and 2022. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

	Fair Value at December 31, 2023	Fair Value at December 31, 2022	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate account	$ 2,891,258	$ 4,181,173	None	Daily	None

Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2023 include purchases and sales of interest in the non-benefit responsive investment contracts of $2,566,374 and $2,749,127, respectively. There were no issuances and no transfers in and out of Level 3 assets for the year ended December 31, 2023.

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.

Note 4. Unaudited Information Certified by Qualified Institutions

The financial statements include the following unaudited information as of December 31, 2023 and 2022, and for the year ended December 31, 2023 that was obtained from data prepared and certified to be complete and accurate by the Plan's Qualified Institutions:

	2023	2022
Statements of net assets available for benefits:		
Investments at fair value	$ 219,510,876	$ 186,040,028
Investments at contract value	9,142,175	8,896,924
Loan default collateral payable	91,100	88,741
Statement of changes in net assets available for benefits:		
Net appreciation in fair value of investments	$ 27,573,232	
Interest and dividends	2,016,880	

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

Note 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.

	2023	2022
Traditional investment contract	$ 9,142,175	$ 8,896,924

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.

Note 6. Related Party and 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 $11,180 for the year ended December 31, 2023.

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, 2023 and 2022, outstanding plan loans of approximately $153,000 and $143,000 were collateralized by Plan assets of approximately $67,000 and $54,000, respectively. At December 31, 2023, active plan loans bore interest rates ranging from 3.00% to 5.56%. These funds are presented within the group fixed annuity contracts.

Note 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.

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. The Plan has not applied for an IRS determination letter as the IRS has only recently begun providing that service to individually designed 403(b) plans. 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, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. 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 statements of net assets available for benefits.

Supplemental Schedule

Morehouse School of Medicine 403(b) Plan
EIN: 58-1438873 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(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 2023
	Group Variable Annuity Account			
	Mutual Funds:			
	AB Global	AB Global Bond I		$ 1,018,710
	Allianz Global Investors	AllianzGI Technology Fund		129,766
	Allspring	Allspr Divrs Cap Bldr Inst		252
	Allspring	Allspr Prec Mtls Inst		187
	Amana Mutual Funds Trust	Amana Growth Fund		447,798
	Amana Mutual Funds Trust	Amana Income Fund		183,119
	Amana Mutual Funds Trust	Amana Developing World Fund		148,658
	American Beacon	Ambcn Intl Eq R5		71,086
	American Funds	American Funds New Perspective Fund		423,948
	American Funds	American Funds EuroPacific Growth Fund		86,708
	American Funds	American Funds Growth Fund of America R6		586
	AMG	AMGMgrs Ycktmn Focs I		244
	AQR	AQR Lng Shrt Eq I		273
	Avantis	Avantis U.S. Large Cap Value Fund Institutional Class		1,386,128
	Avantis	Avantis U.S. Small Cap Value Instl Fund		415,379
	Baron Fifth Avenue	Baron Fifth Avenue Growth Fund Institutional Class		346,233
	BlackRock	Blkrk Hi Yld Bd Port K		1,339,596
	BlackRock	Blkrk Ttl Rtn K		1,346,863
	BlackRock	Blkrk Strat Inc Oppr I		27,793
	BlackRock	Blkrk Mdcap Gr Eq Inst		8,747
	BlackRock	Blkrk 20/80 Trgtalloc K		6,595
	Columbia	Col Sel LgCap Gr Inst2		68,961
	DFA	DFA Emrg Mkt Cor Eq Inst		1,124,663
	DFA	DFA Infl Prtct Sec Inst		258,005
	DFA	DFA US LgCap Val Inst		81,611
	DFA	DFA US Trgt Val Inst		38,633
	DFA	DFA Glbl RealEst Sec Inst		1,451
	Diamond Hill Capital	Diamond Hill Mid Cap I		726,274
	Dodge & Cox	Dodge & Cox International Stock		1,526,870
	DoubleLine	Dbline Ttl Rtn Bd N		197,155
*	Equitable	AXA Moderate Allocation		1,166,020
*	Equitable	Multimanager Technology		1,436,887
*	Equitable	AXA Lg Cap Val Managed Vol		374,004
*	Equitable	AXA Lg Cap Grw Managed Vol		439,567
*	Equitable	AXA Mid Cap Val Managed Vol		307,899
*	Equitable	AXA Moderate-Plus Allocation		238,272
*	Equitable	AXA Aggressive Allocation		219,960
*	Equitable	EQ/GAMCO Small Company Value		152,092
*	Equitable	Charter Multi-Sector Bond		104,723
*	Equitable	EQ/Equity 500 Index		106,658
*	Equitable	EQ/International Equity Index		93,989
*	Equitable	AXA/Horizon Small Cap Value		73,242
*	Equitable	EQ/Large Cap Growth Value Index		90,221
*	Equitable	AXA Glb Eqty Managed Vol		75,453
*	Equitable	EQ/Mid Cap Index		55,213

(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 2023
*	Equitable	AXA Balanced Strategy		52,170
*	Equitable	EQ/Core Bond Index		3,786
*	Equitable	Multimanager Core Bond		5,067
*	Equitable	Target 2055 Allocation		2,059
*	Equitable	EQ/Com Stock Index		1,981
*	Equitable	Target 2035 Allocation		1,270
*	Equitable	EQ Conservative Growth MF/ETF		17
	Federated Investors, Inc.	Government Obligations Fund		404,643
	Fidelity	Fidelity 500 Index		2,375,092
	Fidelity	Fidelity U.S. Bond Index Fund		3,144,714
	Fidelity	Fidelity International Index Fund		1,435,763
	Fidelity	Fidelity Total Market Index Fund		24,314
	Fidelity	Fid MdCap Indx		584,139
	Fidelity	Fidelity Advisor Asset Manager 30% Fund Class I		6,982
	Fidelity Advisor	Fidelity Advisor Stock Selector Mid Cap Fund		370,397
	Fidelity Advisor	Fidelity Advisor Large Cap Fund Class I		103,445
	Fidelity Advisor	Fidelity Advisor Energy Fund Class I		1,003
	Fidelity Advisor	Fidelity Advisory Small Cap Value Fund Class I		641
	Fidelity Advisor	Fidelity Advisor Value Fund		343
	Franklin	Franklin DynaTech Fund		2,291
	Franklin	Franklin Small MidCap Growth A		1,882
	Franklin	Franklin Growth Fund		1,872
	Franklin	Franklin Biotechnology Discovery Fund		1,499
	Franklin	Franklin Mutual Shares Fund		3,124
	Goldman Sachs	Goldman Sachs GQG Partners Intl Oppr Fund Class R6		1,543,599
	Guggenheim	Guggenheim Multi-Hedge Strategies Fund Class I		21,090
	Harbor Funds	Harbor Capital Appreciation Fund Institutional Class		382,663
	Harbor Funds	Harbor International Growth Fund		52,406
	Invesco	Invesco Global Health CareFund		2,140
	Invesco	Invesco V.I. Mid Cap Core Eqty		10,754
	Invesco	Invesco Global Allocation Fund		2,038
	Invesco	Bal Risk Commod Str		136
	Ivy Funds VIP	Ivy Funds VIP High Income		4,211
	JP Morgan	JPMorgan Equity Income Fund		1,273,351
	JP Morgan	JPMorgan Large Cap Growth Fund Class R6		1,198,762
	Loomis	Loomis Gr Y		71,731
	Lord Abbett	Lord Abbett Floating Rate Fund		12,607
	MFS	EQ/MFS International Value		5,673
	MFS	EQ/MFS Utilities Series		2,409
	MFS	MFS MdCap Gr R6		691,287
	Mttws	Mttws China Inv		52,526
*	Nationwide	Nationwide Loomis All Cap Growth Fund		1,407,910
*	Nationwide	Nationwide International Index Fund		42,057
	PGIM	PGIM Ttl Rtn Bd R6		2,229,330
	PIMCO	PIMCO Real Return Fund		1,500,458
	PIMCO	PIMCO Commodity Real Return Strategy Fund		643,761

Morehouse School of Medicine 403(b) Plan
EIN: 58-1438873 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(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 2023
	PIMCO	PIMCO EmrgMktLclCrnBd		7,522
	Principal	Principal Global Real Estate Securities Fund R6		880,235
	Principal	Principal Real Estate Securities Fund		34,447
	Prudential	Prudential Total Return Bond Fund		-
	Prudential	Prudential Jennison Natural Resources R6		95,351
	Invesco	Invesco S&P 500 Index A		2,314
	Prudential	Prudential Large Cap Core Equity Fund		21,298
	Prudential	Prudential Jennison Equity Income Fund		9,647
	Prudential	Prudential Jennison Diversified Growth Fund		11,801
	Prudential	Prudential Jennison Mid Cap Growth Fund		5,746
	Prudential	Prudential International Equity Fund		1,810
	Prudential	Prudential Mid Cap Value Fund		1,414
	Prudential	Prudential Small Cap Value Fund		1,374
	Prudential	Prudential High Yield Fund		1,043
	Prudential	Prudential Jennison Small Company Fund		996
	Prudential	Prudential MoneyMart Assets Inc		4
	Prudential	Prudential Total Return Bond A		1,246
	Putnam	Putnam Sustainable Future A		3,569
	T Rowe Price	T. Rowe Price Financial Services Fund		4,459
	The Vanguard Group	Vanguard 500 Index Fund		2,425,783
	The Vanguard Group	Vanguard Extended Market Index Fund		391
	The Vanguard Group	Vanguard Small-Cap Growth Index Fund		637,422
	The Vanguard Group	Vanguard Intermediate-Term Bond Index Fund		660,001
	The Vanguard Group	Vanguard Total Stock Market Index Fund		611,013
	The Vanguard Group	Vanguard Explorer Fund		449,064
	The Vanguard Group	Vanguard Small-Cap Index Fund		451,133
	The Vanguard Group	Vanguard Mid-Cap Value Index Fund		325,728
	The Vanguard Group	Vanguard Information Technology Index Fund		315,304
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund		199,761
	The Vanguard Group	Vanguard Total International Stock Index Fund		153,334
	The Vanguard Group	Vanguard Small Cap Value Index Fund		136,965
	The Vanguard Group	Vanguard Short-Term Bond Index Fund		139,705
	The Vanguard Group	Vanguard Windsor II		102,313
	The Vanguard Group	Vanguard High-Yield Corporate Fund		92,390
	The Vanguard Group	Vanguard Total Bond Market Index Fund		71,908
	The Vanguard Group	Vanguard Real Estate Index Fund		55,855
	The Vanguard Group	Vanguard LT INV-Grade Fund		40,928
	The Vanguard Group	Vanguard Mid-Cap Growth Index Fund		44,057
	The Vanguard Group	Vanguard Long-Term Treasury		35,095
	The Vanguard Group	Vanguard Value Index Fund		34,442
	The Vanguard Group	Vanguard Large-Cap Index Fund Admiral		27,846
	The Vanguard Group	Vanguard Dividend Appreciation Index Fund		26,413
	The Vanguard Group	Vanguard Wellington Fund, Inc.		14,955
	The Vanguard Group	Vanguard Equity-Income Fund		13,580
	The Vanguard Group	Vanguard Target Retirement Income Fund		8,858
	The Vanguard Group	Vanguard Developing Market Index Admiral		12,235

(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 2023
	The Vanguard Group	Vanguard Energy Index Fund Admiral Shares		991
	The Vanguard Group	Vanguard Financials Index Fund Admiral Shares		615
	The Vanguard Group	Vanguard Commodity Strategy Fund Admiral Shares		325
*	TIAA-CREF	CREF Stock		22,189,312
*	TIAA-CREF	TIAA-CREF Lifecycle 2025-Rtmt		10,683,221
*	TIAA-CREF	TIAA-CREF Lifecycle 2040-Rtmt		10,623,859
*	TIAA-CREF	TIAA-CREF Lifecycle 2030-Rtmt		9,600,851
*	TIAA-CREF	CREF Growth		9,936,132
*	TIAA-CREF	CREF Global Equities		8,175,342
*	TIAA-CREF	TIAA-CREF Lifecycle 2020-Rtmt		6,812,082
*	TIAA-CREF	TIAA-CREF Lifecycle 2035-Rtmt		8,447,943
*	TIAA-CREF	TIAA-CREF Lifecycle 2015-Rtmt		5,676,811
*	TIAA-CREF	TIAA-CREF Lifecycle 2045-Rtmt		6,915,889
*	TIAA-CREF	CREF Social Choice		6,361,548
*	TIAA-CREF	CREF Equity Index		4,758,474
*	TIAA-CREF	CREF Bond Market		3,995,033
*	TIAA-CREF	TIAA-CREF Lifecycle 2050-Rtmt		3,685,911
*	TIAA-CREF	CREF Money Market		2,159,184
*	TIAA-CREF	TIAA-CREF Lg-Cap Growth Idx-Rtmt		2,931,637
*	TIAA-CREF	CREF Inflation-Linked Bond		1,836,690
*	TIAA-CREF	TIAA-CREF Lifecycle 2055-Rtmt		2,612,331
*	TIAA-CREF	TIAA-CREF Lifecycle 2010-Rtmt		2,303,169
*	TIAA-CREF	TIAA-CREF Lfcyle Idx Rtmt Inc-Rtmt		1,619,303
*	TIAA-CREF	TIAA-CREF Lifecycle 2060-Rtmt		951,154
*	TIAA-CREF	TIAA-CREF Lg-Cap Val Idx-Rtmt		593,493
*	TIAA-CREF	TIAA-CREF Real Estate Securities		40,535
*	TIAA-CREF	TIAA-CREF Lifecycle 2065-Rtmt		38,106
*	TIAA-CREF	Nuveen Mid Cap Value Fund Class I		326
*	TIAA-CREF	Nuveen Small Cap Value Fund Class I		303
*	TIAA-CREF	Nuveen Small Cap Select Fund Class I		284
*	VALIC	Science & Technology Fund		365,440
*	VALIC	Stock Index Fund		243,481
*	VALIC	Systematic Core Fund		160,598
*	VALIC	Growth Fund		164,657
*	VALIC	Mid Cap Index Fund		106,972
*	VALIC	Large Capital Growth		106,679
*	VALIC	International Growth Fund		82,476
*	VALIC	International Socially Responsible Fund		77,517
*	VALIC	Emerging Economies		73,369
*	VALIC	Small Cap Growth Fund		55,440
*	VALIC	Core Bond Fund		51,925
*	VALIC	Mid Cap Value Fund		52,569
*	VALIC	International Value Fund		45,461
*	VALIC	Global Strategy		41,019
*	VALIC	Small Cap Special Value Fund		39,493
*	VALIC	Inflation Protection Fund		27,887

Morehouse School of Medicine 403(b) Plan
EIN: 58-1438873 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(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 2023
*	VALIC	Small Cap Value Fund		25,919
*	VALIC	High Yield Bond Fund		20,837
*	VALIC	Ariel Fund		17,038
*	VALIC	Ariel Appreciation Fund		15,768
*	VALIC	Mid Cap Strategic Growth		12,220
*	VALIC	GS VIT GOV Money Mkt Fund Inst		9,295
*	VALIC	US Socially Responsible Fund		4,558
*	VALIC	Dividend Value		3,139
*	VALIC	INTL Opportunities		3,013
*	VALIC	International Equities Fund		2,560
*	VALIC	Systematic Value		1,912
*	VALIC	Small Cap Index Fund		1,341
*	VALIC	Blue Chip Growth Fund		975
*	VALIC	Global Real Estate Fund		874
*	VALIC	International Government Bond		116
*	VALIC	NASDAQ-100(R) Index Fund		760
	Vaneck	Vaneck Global Resources Fund		80,256
	Pooled Separate Account:			
*	TIAA-CREF	TIAA Real Estate		$ 2,891,258
	Group Fixed Annuity Contracts			
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive		$ 32,617,100
*	TIAA-CREF	TIAA Traditional Benefit Responsive		9,142,175
*	VALIC	Fixed Account Plus		2,284,624
*	Nationwide	Fixed Account		2,009,271
*	AXA Equitable	Guaranteed Interest Account		332,273
*	TIAA-CREF	Plan Loan Default Fund		91,100
*	VALIC	Loan Escrow and Collateral Fund		66,547
*	VALIC	Short Term Fixed Account		175,645
	Participant Loans* **			
*	Nationwide	4.25% to 9.50% with maturities through 2028		$ 1,905,617
*	AXA Equitable	4.73% with maturity through 2026		12,038
				$ 230,570,706

* *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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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
230124282 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	[signature]	10-2-24	Trevor Armstrong
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10-2-24	Trevor Armstrong
	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: **a** Sponsor's name **c** Plan name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	1,462
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)**	776
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	761
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	659
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,420
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	12
f	Total. Add lines **6d** and **6e**	**6f**	1,432
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	902
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	872
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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

(4) [ ] **DCG** (Individual Plan Information) - Number Attached ____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

(3) [X] **A** (Insurance Information) - Number Attached 5

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

Receipt Confirmation Code _____

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

For the plan year beginning 01/01/2023 and ending 12/31/2023

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
*	EQUITABLE	1290 VT GAMCO Small Co Val		152,092
*	EQUITABLE	1290 VT Small Cap Value		73,242
*	EQUITABLE	Delaware Ivy VIP High Income		4,211
*	EQUITABLE	Eq Conservative Growth MF/ETF		17
*	EQUITABLE	EQ/Aggressive Allocation		219,960
*	EQUITABLE	EQ/Balanced Strategy		52,170
*	EQUITABLE	EQ/Com Stck Index		1,981
*	EQUITABLE	EQ/Core Bond Index		3,786
*	EQUITABLE	EQ/Core Plus Bond		104,723
*	EQUITABLE	EQ/Equity 500 Index		106,658
*	EQUITABLE	EQ/Glb Eqty Managed Vol		75,453
*	EQUITABLE	EQ/International Equity Index		93,989
*	EQUITABLE	EQ/Large Cap Growth Index		90,221
*	EQUITABLE	EQ/Lg Cap Grw Managed Vol		439,567
*	EQUITABLE	EQ/Lg Cap Val Managed Vol		374,004
*	EQUITABLE	EQ/MFS Intrntnl Intrinsic Val		5,673
*	EQUITABLE	EQ/MFS Utilities Series		2,409
*	EQUITABLE	EQ/Mid Cap Index		55,213
*	EQUITABLE	EQ/Mid Cap Val Managed Vol		307,899
*	EQUITABLE	EQ/Moderate Allocation		1,166,020
*	EQUITABLE	EQ/Moderate-Plus Allocation		238,272
*	EQUITABLE	Guaranteed Interest Account		581,169
*	EQUITABLE	Invesco V.I. MainSt MC Fund		10,754
*	EQUITABLE	Loan Balance		12,038
*	EQUITABLE	Multimanager Core Bond		5,067
*	EQUITABLE	Multimanager Technology		1,436,887
*	EQUITABLE	Target 2035 Allocation		1,270
*	EQUITABLE	Target 2055 Allocation		2,059
				0

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

For the plan year beginning 01/01/2023 and ending 12/31/2023

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*	TIAA-CREF	TIAA Traditional Benefit Respo		9,142,175
*	TIAA-CREF	TIAA Traditional Non Benefit R		32,617,100
*	TIAA-CREF	CREF Core Bond R2S		3,995,033
*	TIAA-CREF	CREF Stock R2		22,189,312
*	TIAA-CREF	CREF Money Market R2		2,159,184
*	TIAA-CREF	CREF Social Choice R2		6,361,548
*	TIAA-CREF	CREF Global Equities R2		8,175,342
*	TIAA-CREF	CREF Growth R2		9,936,132
*	TIAA-CREF	CREF Equity Index R2		4,758,474
*	TIAA-CREF	CREF Inflation-Linked Bond R2		1,836,690
*	TIAA-CREF	TIAA Real Estate		2,891,258

Schedule H, line 4i
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*	NATIONWIDE	TIAACRF LfCycInd 2025 Inst		10,683,221
*	NATIONWIDE	TIAACRF LfCycInd 2040 Inst		10,623,859
*	NATIONWIDE	TIAACRF LfCycInd 2030 Inst		9,600,851
*	NATIONWIDE	TIAACRF LfCycInd 2035 Inst		8,447,943
*	NATIONWIDE	TIAACRF LfCycInd 2045 Inst		6,915,889
*	NATIONWIDE	TIAACRF LfCycInd 2020 Inst		6,812,082
*	NATIONWIDE	TIAACRF LfCycInd 2015 Inst		5,676,811
*	NATIONWIDE	TIAACRF LfCycInd 2050 Inst		3,685,911
*	NATIONWIDE	Fid US Bd Indx		3,144,714
*	NATIONWIDE	TIAACRF LgCap Gr Indx Inst		2,931,637
*	NATIONWIDE	TIAACRF LfCycInd 2055 Inst		2,612,331
*	NATIONWIDE	Vngrd 500 Index Fd AS		2,425,783
*	NATIONWIDE	Fid 500 Indx		2,375,092
*	NATIONWIDE	TIAACRF LfCycInd 2010 Inst		2,303,169
*	NATIONWIDE	PGIM Ttl Rtn Bd R6		2,229,330
*	NATIONWIDE	BOA-Fixed		2,009,271
*	NATIONWIDE	TIAACRF LfCycIndRtInc Inst		1,619,303
*	NATIONWIDE	GdmnScs GQGPtnrIntlOppr R6		1,543,599
*	NATIONWIDE	DodgeCox Intl Stk I		1,526,870
*	NATIONWIDE	PIMCO Real Rtn Inst		1,500,458
*	NATIONWIDE	Fid Intl Indx		1,435,763
*	NATIONWIDE	NW Loomis AllCap Gr R6		1,407,910
*	NATIONWIDE	Avnts US LgCap Val Inst		1,386,128
*	NATIONWIDE	BlkRk Ttl Rtn K		1,346,863
*	NATIONWIDE	BlkRk Hi Yld Bd Port K		1,339,596
*	NATIONWIDE	JPM Eq Inc R5		1,273,351
*	NATIONWIDE	JPM LgCap Gr R6		1,198,762
*	NATIONWIDE	DFA Emrg Mkt Cor Eq Inst		1,124,663
*	NATIONWIDE	AB Glbl Bd I		1,018,710
*	NATIONWIDE	TIAACRF LfCycInd 2060 Inst		951,154
*	NATIONWIDE	Prncpl Glbl RealEst R6		880,235
*	NATIONWIDE	Diamond Hill MdCap I		726,274
*	NATIONWIDE	MFS MdCap Gr R6		691,287
*	NATIONWIDE	Vngrd IntmdTrm Bd IndxAdml		660,001
*	NATIONWIDE	PIMCOComdyRealRtnStratInst		643,761
*	NATIONWIDE	Vngrd SmCap Gr Indx Adml		637,422
*	NATIONWIDE	Vngrd Ttl StMkt Indx Fd AS		611,013
*	NATIONWIDE	TIAACRF LgCap ValIndx Inst		593,493
*	NATIONWIDE	Fid MdCap Indx		584,139

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

For the plan year beginning 01/01/2023 and ending 12/31/2023

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58-1438873

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(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
*	lincoln	Franklin Biotechnology Discove		1,499
*	lincoln	Franklin DynaTech A		2,291
*	lincoln	Franklin Growth A		1,872
*	lincoln	Franklin Mutual Shares A		3,124
*	lincoln	Franklin Small Mid Cap Growth		1,882
*	lincoln	Invesco Global Allocation A		2,038
*	lincoln	Invesco Health Care A		2,140
*	lincoln	Invesco S&P 500 Index A		2,314
*	lincoln	PGIM High Yield A		1,043
*	lincoln	PGIM Jennison Diversified Grow		11,801
*	lincoln	PGIM Jennison Global Equity In		9,647
*	lincoln	PGIM Jennison Mid Cap Growth A		5,746
*	lincoln	PGIM Jennison Small Company A		996
*	lincoln	PGIM Quant Solutions Internati		1,810
*	lincoln	PGIM Quant Solutions Large Cap		21,298
*	lincoln	Putnam Sustainable Future A		3,569
*	lincoln	PGIM Quant Solutions Small Cap		1,374
*	lincoln	PGIM Total Return Bond A		1,246
*	lincoln	Prudential Government Money Ma		4
*	lincoln	PGIM Quant Soultion Mid Cap		1,414

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

For the plan year beginning 01/01/2023 and ending 12/31/2023

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(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
*	NATIONWIDE	Vngrd Sm Cap Indx Fd AS		451,133
*	NATIONWIDE	Vngrd Explr Adml		449,064
*	NATIONWIDE	Amana Gr Inv		447,798
*	NATIONWIDE	AmFds New Prspct R6		423,948
*	NATIONWIDE	Avnts US SmCap Val Inst		415,379
*	NATIONWIDE	Fed Hrms Gov Oblgtns Prmr		404,643
*	NATIONWIDE	Harbor Cap App Inst		382,663
*	NATIONWIDE	FidAdv StkSel MdCap Inst		370,397
*	NATIONWIDE	Baron Fifth Ave Gr Inst		346,233
*	NATIONWIDE	Vngrd MdCap Val Indx Adml		325,728
*	NATIONWIDE	Vngrd Info Tech Indx Adml		315,304
*	NATIONWIDE	DFA Infl Prtct Sec Inst		258,005
*	NATIONWIDE	Vngrd Emrg Mkt StkIndxAdml		199,761
*	NATIONWIDE	Dbline Ttl Rtn Bd N		197,155
*	NATIONWIDE	Amana Inc Inv		183,119
*	NATIONWIDE	Vngrd Ttl IntlStkIndx Adml		153,334
*	NATIONWIDE	Amana Devl Wld Inv		148,658
*	NATIONWIDE	Vngrd ST Bd Indx Adml		139,705
*	NATIONWIDE	Vngrd SmCap Val Indx Adml		136,965
*	NATIONWIDE	Virtus Tech Inst		129,766
*	NATIONWIDE	FidAdv LgCap Inst		103,445
*	NATIONWIDE	PGIM Jnisn Natrl Rsrc R6		95,351
*	NATIONWIDE	Vngrd Hi Yld Corp AdmlR6		92,390
*	NATIONWIDE	AmFds EuroPacfc Gr R6l		86,708
*	NATIONWIDE	DFA US LgCap Val Inst		81,611
*	NATIONWIDE	VanEck Glbl Rsrc Inst		80,258
*	NATIONWIDE	Vngrd Ttl Bnd Mkt ldx Adm		71,908
*	NATIONWIDE	Loomis Gr Y		71,731
*	NATIONWIDE	AmBcn Intl Eq R5		71,086
*	NATIONWIDE	Col Sel LgCap Gr Inst2		68,961
*	NATIONWIDE	Vngrd RealEst Indx Adml		55,855
*	NATIONWIDE	Mttws China Inv		52,526
*	NATIONWIDE	Harbor Intl Gr Inst		52,406
*	NATIONWIDE	Vngrd MdCap Gr Indx Adml		44,057
*	NATIONWIDE	NW Intl Indx R6		42,057
*	NATIONWIDE	TIAACRF RealEst Sec Inst		40,535
*	NATIONWIDE	DFA US Trgt Val Inst		38,633
*	NATIONWIDE	TIAACRF LfCycInd 2065 Inst		38,106
*	NATIONWIDE	Prncpl RealEst Sec Instnst		34,447

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

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(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
*	AIG	ARIEL APPRECIATION FUND		9,551
*	AIG	ARIEL FUND		16,806
*	AIG	CORE BOND FUND		39,703
*	AIG	DIVIDEND VALUE		3,097
*	AIG	EMERGING ECONOMIES		70,980
*	AIG	FIXED ACCOUNT PLUS		2,149,051
*	AIG	GLOBAL REAL ESTATE FUND		678
*	AIG	GLOBAL STRATEGY		6,952
*	AIG	GROWTH FUND		149,985
*	AIG	GS VIT GOV MONEY MKT FD INST		698
*	AIG	HIGH YIELD BOND FUND		2,936
*	AIG	INFLATION PROTECTED FUND		21,905
*	AIG	INTERNATIONAL GOVERNMENT BOND		116
*	AIG	INTERNATIONAL GROWTH FUND		82,476
*	AIG	INTERNATIONAL VALUE FUND		22,460
*	AIG	INTERNATL EQUITIES INDEX FUND		1,615
*	AIG	INTL OPPORTUNITIES		1,830
*	AIG	INTL SOCIALLY RESPONSIBLE FUND		77,393
*	AIG	LARGE CAPITAL GROWTH		59,695
*	AIG	LOAN COLLATERAL FUND		47,934
*	AIG	LOAN ESCROW FUND		782
*	AIG	MID CAP INDEX FUND		88,535
*	AIG	MID CAP STRATEGIC GWTH		1,308
*	AIG	NASDAQ-100(R) INDEX FUND		760
*	AIG	SCIENCE & TECHNOLOGY FUND		332,145
*	AIG	SHORT TERM FIXED ACCOUNT		52,246
*	AIG	SMALL CAP GROWTH FUND		55,440
*	AIG	SMALL CAP INDEX FUND		1,323
*	AIG	SMALL CAP SPECIAL VALUE FUND		1,291
*	AIG	SMALL CAP VALUE FUND		10,594
*	AIG	STOCK INDEX FUND		193,188
*	AIG	SYSTEMATIC CORE FUND		160,598
*	AIG	SYSTEMATIC GROWTH FUND		941
*	AIG	SYSTEMATIC VALUE		1,912
*	AIG	US SOCIALLY RESPONSIBLE FUND		3,805
*	AIG	VANGUARD LONG-TERM TREASURY		34,596
*	AIG	VANGUARD LT INV-GRADE FUND		40,928
*	AIG	VANGUARD WELLINGTON FUND INC		14,955
*	AIG	VANGUARD WINDSOR II		60,195

Schedule H, line 4i
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*	AIG RET	ARIEL APPRECIATION FUND		6,217
*	AIG RET	CORE BOND FUND		12,084
*	AIG RET	DIVIDEND VALUE		42
*	AIG RET	EMERGING ECONOMIES		2,389
*	AIG RET	FIXED ACCOUNT PLUS		43,816
*	AIG RET	GLOBAL REAL ESTATE FUND		196
*	AIG RET	GLOBAL STRATEGY		14,348
*	AIG RET	GROWTH FUND		14,672
*	AIG RET	GS VIT GOV MONEY MKT FD INST		1,400
*	AIG RET	HIGH YIELD BOND FUND		6,027
*	AIG RET	INFLATION PROTECTED FUND		5,982
*	AIG RET	INTERNATIONAL VALUE FUND		12,266
*	AIG RET	INTERNATL EQUITIES INDEX FUND		945
*	AIG RET	INTL OPPORTUNITIES		662
*	AIG RET	INTL SOCIALLY RESPONSIBLE FUND		124
*	AIG RET	INVESCO BAL RISK COMMOD STR R5		136
*	AIG RET	LARGE CAPITAL GROWTH		199
*	AIG RET	LOAN COLLATERAL FUND		16,917
*	AIG RET	LOAN ESCROW FUND		914
*	AIG RET	MID CAP INDEX FUND		17,280
*	AIG RET	MID CAP STRATEGIC GWTH		10,911
*	AIG RET	MID CAP VALUE FUND		382
*	AIG RET	SCIENCE & TECHNOLOGY FUND		33,068
*	AIG RET	SHORT TERM FIXED ACCOUNT		69
*	AIG RET	SMALL CAP INDEX FUND		19
*	AIG RET	SMALL CAP SPECIAL VALUE FUND		3,763
*	AIG RET	SMALL CAP VALUE FUND		204
*	AIG RET	STOCK INDEX FUND		5,868
*	AIG RET	SYSTEMATIC GROWTH FUND		34
*	AIG RET	US SOCIALLY RESPONSIBLE FUND		753
*	AIG RET	VANGUARD WINDSOR II		21,250

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*	NATIONWIDE	Vngrd Val Indx Adml		34,442
*	NATIONWIDE	Vngrd LgCap Indx Adml		27,846
*	NATIONWIDE	BlkRk Strat Inc Oppr I		27,793
*	NATIONWIDE	Vngrd Divd App Indx Adml		26,413
*	NATIONWIDE	Fid Ttl Mkt Indx		24,314
*	NATIONWIDE	Gughm MultHdgStrat Inst		21,090
*	NATIONWIDE	Vngrd Eq Inc Adml		13,580
*	NATIONWIDE	LrdAbt Flotng Rt R5		12,607
*	NATIONWIDE	Vngrd Devl Mkt Indx Adml		12,235
*	NATIONWIDE	Vngrd Trgt Rtrmt Inc		8,858
*	NATIONWIDE	BlkRk MdCap Gr Eq Inst		8,747
*	NATIONWIDE	PIMCO EmrgMktLclCrnBd Inst		7,522
*	NATIONWIDE	Fid Asst Mgr 30 I		6,980
*	NATIONWIDE	BlkRk 20/80 TrgtAlloc K		6,595
*	NATIONWIDE	TRowePr Fin Svc		4,459
*	NATIONWIDE	DFA Glbl RealEst Sec Inst		1,451
*	NATIONWIDE	FidAdv Enrgy I		1,003
*	NATIONWIDE	Vngrd Enrgy Indx Adml		991
*	NATIONWIDE	FidAdv SmCap Val I		641
*	NATIONWIDE	Vngrd Fin Indx Adml		615
*	NATIONWIDE	AmFds Gr Fd Am R6		586
*	NATIONWIDE	Vngrd Extnd Mkt Indx Adml		391
*	NATIONWIDE	FidAdv Val Inst		343
*	NATIONWIDE	Nuvn MdCap Val I		326
*	NATIONWIDE	Vngrd Comdty Strat Adml		325
*	NATIONWIDE	Nuvn SmCap Val I		303
*	NATIONWIDE	Nuvn SmCap Sel I		284
*	NATIONWIDE	AQR Lng Shrt Eq I		273
*	NATIONWIDE	Allspr Divrs Cap Bldr Inst		252
*	NATIONWIDE	AMGMgrs Ycktmn Focs I		244
*	NATIONWIDE	Allspr Prec Mtls Inst		187
*	NATIONWIDE	PARTICIPANTS LOANS		1,770,577