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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1a Name of plan <u>THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>003</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE GEORGE WASHINGTON UNIVERSITY</u> <u>BENEFITS DEPARTMENT</u> <u>44983 KNOLL SQUARE, SUITE 391</u> <u>ASHBURN, VA 20147</u></p> | <p>1c Effective date of plan <u>01/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>53-0196584</u></p> <p>2c Plan Sponsor's telephone number <u>571-553-8324</u></p> <p>2d Business code (see instructions) <u>611000</u></p> |

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

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

| | | | |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/06/2025 | JENNIFER LOPEZ |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 15592 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 8262 |
| | 6a(2) | 8147 |
| | 6b | 1965 |
| | 6c | 5086 |
| | 6d | 15198 |
| | 6e | 112 |
| | 6f | 15310 |
| | 6g(1) | 11380 |
| | 6g(2) | 11339 |
| 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:
2L 2M 2G

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ **003**

C Plan sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

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 | 101344 | 5021 | 01/01/2024 | 12/31/2024 |

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

(a) Total amount of commissions paid

(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 347028991 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 432953388 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 356911671 |
| c | (1) Contributions deposited during the year | 7c(1) 1875162 |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 14878356 |
| | (4) Transferred from separate account | 7c(4) 41148695 |
| | (5) Other (specify below)..... ▶ SERVICE CREDIT, LOAN INTEREST, PLAN TO PLAN TRANSFER IN/OUT | 7c(5) 1587754 |
| | (6) Total additions | 7c(6) 59489967 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 416401638 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 29174475 |
| | (2) Administration charge made by carrier..... | 7e(2) |
| | (3) Transferred to separate account | 7e(3) 40071006 |
| | (4) Other (specify below)..... ▶ FEES & LOAN ISSUE/PAYMENT | 7e(4) 127166 |
| (5) Total deductions | 7e(5) 69372647 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 347028991 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

| | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE GEORGE WASHINGTON UNIVERSITY | D Employer Identification Number (EIN) 53-0196584 | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TIAA

13-1624203

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

GRANT THORNTON, LLP

36-6055558

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 | AUDITOR | 27844 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 | INVESTMENT ADVISOR | 22360 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

COASTAL PENSION SERVICES

52-1053785

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 | CONTRACT ADMINISTRATOR | 5100 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN</u> | B Three-digit plan number (PN) | <u>003</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE GEORGE WASHINGTON UNIVERSITY</u> | D Employer Identification Number (EIN) <u>53-0196584</u> | |

| | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|-----------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>TIAA REAL ESTATE</u> | | |
| b Name of sponsor of entity listed in (a): | <u>TIAA-CREF</u> | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| <u>13-1624203-004</u> | <u>P</u> | | <u>34937085</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | |
| | | | |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE GEORGE WASHINGTON UNIVERSITY | D Employer Identification Number (EIN) 53-0196584 |

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

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

| | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | 2892409 |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 36814081 |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1134032242 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 347028991 |
| (15) Other..... | 1c(15) | |
| | | 3494304 |
| | | 34937085 |
| | | 1263703140 |
| | | 347028991 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 1530650403 | 1649163520 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1530650403 | 1649163520 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | 43406734 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 8863188 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 52269922 |
| 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) | 243372 | |
| (F) Other..... | 2b(1)(F) | 55242207 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 55485579 |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (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) | | -1509618 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 143232103 |
| c Other income | 2c | | 970303 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 250448289 |

Expenses

| | | | |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 125784878 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 6150294 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 131935172 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (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) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 131935172 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 118513117 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

| | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GEORGE WASHINGTON UNIVERSITY</u> | D Employer Identification Number (EIN) <u>53-0196584</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Financial Statements and Report of
Independent Certified Public
Accountants

**The George Washington University
Supplemental Retirement Plan**

December 31, 2024 and 2023

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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator of
The George Washington University Supplemental Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We were engaged to perform audits of the financial statements of The George Washington Supplemental Retirement 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 – modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of opinion

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

Basis for disclaimer of opinion

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

Emphasis of matter - Basis of accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of management for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with modified cash basis of accounting as described in Note 2 and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

Other matter - supplemental schedules required by ERISA

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



The George Washington University Supplemental Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

December 31,

| | <u>2024</u> | <u>2023</u> |
|------------------------------------------|------------------------|------------------------|
| ASSETS | | |
| Investments, at fair value | \$1,520,760,281 | \$1,399,668,938 |
| Investments, at contract value | 124,908,935 | 128,089,056 |
| Notes receivable from participants | 3,494,304 | 2,892,409 |
| | <u>3,119,163,520</u> | <u>1,530,650,403</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$1,649,163,520</u> | <u>\$1,530,650,403</u> |

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

The George Washington University Supplemental Retirement Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

December 31, 2024

| | |
|-----------------------------------------------|-------------------------------|
| Investment income: | |
| Interest and dividends | \$ 55,242,207 |
| Net appreciation in fair value of investments | <u>141,722,485</u> |
| Net investment income | <u>196,964,692</u> |
| Plan service credit | 970,303 |
| Interest income from notes receivable | 243,372 |
| Participant contributions | 43,406,734 |
| Rollovers | <u>8,863,188</u> |
| Total additions | <u>250,448,289</u> |
| Benefit payments | (131,935,172) |
| Total deductions | <u>(131,935,172)</u> |
| NET INCREASE | 118,513,117 |
| Net assets available for benefits: | |
| Beginning of year | <u>1,530,650,403</u> |
| End of year | <u><u>\$1,649,163,520</u></u> |

The accompanying notes are an integral part of this financial statement.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The George Washington University Supplemental Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The George Washington University ("University") established the Plan effective January 1, 1989. The purpose of the Plan is to provide supplemental retirement benefits for participating employees as an integral part of the University's overall retirement program. The Plan is a defined contribution plan governed by Section 403(b) of the Internal Revenue Code ("IRC") and is designed to comply with the Employee Retirement Income Security Act of 1974 as amended ("ERISA"). The Plan allows each participating employee to build retirement income by making contributions to Plan accounts established in the employee's name. It provides the employee with the opportunity to defer part of their earnings, on a tax-favored basis, and to direct the investment of their contributions in annuity contracts and custodial accounts offered by certain investment providers.

Benefits are funded by annuities issued by the Teachers Insurance Annuity Association ("TIAA"), the TIAA Real Estate Account, the various variable annuities offered by the College Retirement Equities Fund ("CREF") (collectively "TIAA and CREF"), the Nuveen Mutual Funds, the annuities offered by AXA Equitable Life Insurance Company ("Equitable") and mutual funds offered by Fidelity Management Trust Company ("Fidelity"). Vanguard Mutual Funds are offered through Fidelity. In 2009, Equitable was eliminated as an investment provider option (existing dollars remained with Equitable, however, no new contributions were allowed). TIAA Trust, N.A., ("Trust Company") serves as custodian for the Plan's investments in the TIAA and CREF Mutual Funds as well as American Century Fund and MFS Mutual Funds.

The University Plan Administration Committee serves as the Plan Administrator.

Participation and Vesting

In general, an employee will be eligible for participation if the employee is a regular full-time employee, regular part-time employee or non-student temporary/wage employee of the University. Employees can enroll in the 403(b) plan and select the deferral percentage or make changes to current elections via the internet or by calling Fidelity. Fidelity Investments serves as the primary administrative service provider. The Plan maintains Qualified Default Investment Alternatives if an employee fails to select investment funds for their contributions: TIAA maintains the Nuveen Lifecycle Funds and Fidelity maintains the Fidelity Freedom Funds. In the event that an employee designates TIAA as an investment provider for their contributions, but fails to designate specific investment funds, the contributions will be invested in the Nuveen Lifecycle Funds. In all other cases where an employee fails to provide investment direction (i.e., failing to designate an investment provider or designating Fidelity as an investment provider but failing to designate specific investment funds offered by Fidelity), contributions will be invested in the Fidelity Freedom Funds until the employee provides Fidelity with other investment direction. All plan contributions and benefits derived therefrom are immediately fully vested and nonforfeitable.

Contributions

Employees may choose to make pre-tax or post-tax Roth contributions to the Plan in a percentage of salary through an online salary reduction agreement. An employee's salary will be reduced by the amount of the percentage the employee selects on the salary reduction agreement, subject to limitations imposed by the IRC. Employees may change the amount of their election at any time during the year, subject to the limitations imposed by the Internal Revenue Service ("IRS"). Contributions were limited to \$23,000 for 2024 subject to IRC 402(g). If an employee reaches the limitation imposed by the IRC for pre-tax or post-tax Roth

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

contributions, and the employee will turn age 50 during a particular plan year, the employee may make additional pre-tax or post-tax Roth contributions known as Catch-Up contributions each year, beginning in that Plan year. The employee's salary will be reduced by the amount to be contributed as Catch-Up contributions, which was limited to \$7,500 for 2024. Under IRC section 415(c), the annual limit for combined employer and employee contributions shall not exceed the lesser of \$69,000 or 100% of the employee compensation. Employees can also make rollover contributions. Subject to the rules of the funding vehicles, a participant may have deposited to the participant's rollover contribution account an eligible rollover distribution. Post-tax Roth contributions or rollovers containing post-tax Roth contributions from a qualified retirement plan are allowed.

Each participant's account is credited with the participant's contribution and plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant's 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.

Benefits

In general, participants may begin receiving a distribution of their plan accounts upon the earliest of their termination of employment; their disability (as defined in the applicable individual agreement with a custodian); or their attainment of age 59½. Participants may elect to receive benefit payments under any of the lifetime income benefits available through the TIAA annuities or may maintain their investments in the investment vehicles kept on TIAA and Fidelity platforms. The annuities are based upon the value of the investment results and the mortality and expense associated with the specific annuities available through TIAA, which are selected by the participant. The terms of the Plan may require distributions to be made in the form of a lump-sum payment, without the consent of the participant or beneficiary, if it is permitted by the related investment and annuity accounts, but no such payment may be made without the consent of the participant or beneficiary unless the individual account balance does not exceed \$7,000.

The annuities are used to purchase a guaranteed amount of future benefits. TIAA provides annuities to participants, which are considered unallocated contracts. A participant can only withdraw from the TIAA Traditional Annuities according to the predetermined installment plan.

Upon retirement, participants who invest in the TIAA Real Estate Account, TIAA Traditional Annuities or the CREF Variable Annuities may continue to invest in these accounts or may transfer their assets among these three types of accounts. Participants who have invested in Equitable Registered Investment Companies ("RICs") may transfer their assets among the above three types of accounts and the Equitable RICs.

Equitable continues to provide services for making benefit payments to participants from the Equitable RICs.

The minimum distribution rule requires retired or terminated former employees to begin withdrawing minimum amounts from their retirement account starting the year they reach 73 years of age.

Participants may request a loan and/or hardship withdrawal against their plan account invested with TIAA and/or Fidelity.

For accounts invested with TIAA, participants may be eligible to apply for a loan against amounts invested in the TIAA Traditional Annuities (see Note 4), or to apply for a financial hardship withdrawal from their plan account, as allowed by the participant's individual agreement with TIAA that is applicable to the participant's investments.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

A hardship withdrawal from a participant's 403(b) plan may be permitted, while a participant is still actively employed, if the participant has a financial hardship for which funds are not reasonably available from other resources of the participant. For the purpose of the Plan, financial hardship may include expenses for: (1) certain medical expenses, (2) costs relating to the purchase of a principal residence, (3) tuition and related educational fees and expenses, (4) payments necessary to prevent eviction from, or foreclosure on, a principal residence, (5) burial or funeral expenses, and (6) certain expenses for the repair of damage to the employee's principal residence.

Administrative Expenses

All investment-related administrative fees are included in the expense ratios for the various investment options kept on TIAA, Fidelity, Nuveen and Equitable, except for fees associated with certain participant directed transactions. Where the Plan maintains a balance in and makes active contributions to certain investment vehicles kept on TIAA and Fidelity platforms, TIAA and Fidelity fund Revenue Credit Accounts in the Plan based upon income generated by the Plan. The amount determined to be in excess of TIAA and Fidelity's revenue requirements is deposited into the Revenue Credit Accounts of the Plan. The Revenue Credit Accounts may only be used either to pay direct, reasonable and necessary expenses of the Plan with authorization or to provide benefits for plan participants and beneficiaries in the form of revenue credits.

All other administrative expenses of the Plan are paid by the University.

Termination

The University intends to continue the Plan indefinitely but reserves the right to amend, modify, terminate, or discontinue further contributions or payments under the Plan at any time. In the event of a complete or partial termination of the Plan or discontinuance of contributions, all individual accounts will remain nonforfeitable.

Plan Records

In November 2007, the Department of Labor ("DOL") issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. Prior to the amended regulations, the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various custodial accounting and recordkeeping reports related to the Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not maintained. Moreover, the third-party custodians were unable to provide those records to management necessary to substantiate the historical balances. Consequently, the financial statements and supplemental schedule of assets (held at end of year) have been prepared based on available records analyzed by Plan management. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements and supplemental schedule cannot be determined.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The Plan's accounting records are maintained on the modified cash basis of accounting. Investments are reflected at fair or contract value. Participant contributions are recorded when received by the Plan insurance company, custodians and trustee.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Use of Estimates

The preparation of the modified cash basis financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and liabilities. Significant items subject to such estimates and assumptions include the valuation of investments. Actual results may differ materially from management's estimates.

Payment of Benefits

Benefit payments are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as benefit payments.

Investment Valuation and Income Recognition

Investments are reflected at fair value, except for fully benefit-responsive investment contracts, which are reflected at contract value. Contract value is the relevant measurement attribute for that 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 would receive if they were to initiate permitted transactions under the terms of the Plan. See Notes 3 and 8 for discussion of contract value and fair value measurement, respectively. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets the net appreciation in fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation of those investments.

Risk and Uncertainties

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

NOTE 3 - PLAN ASSETS

Participants in the Plan may elect to allocate their contributions among the TIAA Traditional Annuities, TIAA Real Estate Account, CREF Variable Annuities, Nuveen, Fidelity, Vanguard, MFS, and American Century Mutual Funds, or any combination thereof. The allocations may be in any whole number proportion, including full allocation to any annuity or account. The allocation of contributions may be changed by the participant at any time by notifying Fidelity and TIAA.

TIAA Traditional Investments are offered through the Retirement Annuity ("RA") and Group Supplemental Retirement Annuity ("GSRA") contracts. Contributions to the TIAA Traditional Annuities are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities to participants, which are considered unallocated contracts. The TIAA Traditional Annuities are guaranteed annuities, which guarantee principal and pay a guaranteed minimum interest of 3% for December 31, 2024 and 2023.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1, and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for the applicable declaration year during the accumulation period.

The TIAA Traditional Annuity holdings within the RA contracts have liquidity restrictions and are non-benefit responsive and, therefore, are reported at fair value. Distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments through Transfer Payout Annuities. The TIAA Traditional Annuity holdings within the GSRA contracts contain no liquidity restrictions and are fully benefit responsive and, therefore, are reported at contract value. Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Contributions to the TIAA Real Estate Account are placed in an insurance company pooled separate account, which invests in various real estate interests. Contributions to the CREF, TIAA and CREF, Nuveen, Vanguard or Fidelity Mutual Funds are used to purchase shares in various types of Mutual Funds, including stock, bond, and money market funds. Upon retirement, participants may elect to transfer the accumulations in their TIAA Real Estate, Equitable and CREF Variable Annuity accounts to TIAA Traditional Annuities. Nuveen Mutual Funds and Fidelity and Vanguard Mutual Funds are not eligible to be annuitized by TIAA.

NOTE 4 - LOANS

Notes Receivable from Participants

Loans offered from Fidelity and TIAA held funds are issued from participant's accounts. The minimum loan is \$1,000 and the maximum is \$50,000 or 50% of the participant's account balance, whichever is less. The maximum loan term is five years, or 10 years if the loan is for the purchase of a primary residence. Fidelity participants are charged a \$75 one-time loan setup fee, and a maintenance fee of \$6.25 per quarter on each loan. Loan fees are deducted from the participant's account balance on a quarterly basis. The interest rate for Fidelity loans is the Reuters Prime Rate plus 1%, updated quarterly. TIAA participants are charged a one-time loan setup fee of \$75 for general purpose loans, or \$125 for primary residence loans. A maintenance fee of \$25 per year is also charged on each loan. Loan fees are deducted from the participant's account balance annually. The interest rate for TIAA loans is the Wall Street Journal Prime Rate plus 1%, updated quarterly. As of December 31, 2024 and 2023, participants had \$3,494,304 and \$2,892,409 of outstanding loan balances, respectively, that carried interest rates of 4.25% to 9.50% for 2024 and 2023. Effective January 1, 2022, participants are permitted no more than three loans outstanding at a time.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Plan Loans

Loans offered from TIAA prior to February 17, 2021 are plan loans and are issued directly from funds owned by TIAA and not directly from a participant's account. The minimum loan is \$1,000 and the maximum is \$50,000 (or 45% of a participant's account balance whatever is less). Maximum term of loan is five years (10 years in connection with purchase of a primary residence). To secure a plan loan, a participant must transfer 110% of the requested loan into the TIAA Traditional Annuities to be held as collateral. TIAA sets the interest rate quarterly, which generally approximates the prevailing prime rate. Interest rates for the Plan loans ranged from 4.00% to 6.66% on December 31, 2024 and 4.00% to 6.84% on December 31, 2023. For all plan loans, interest is paid directly to TIAA. TIAA does not charge any loan fees. As of December 31, 2024 and 2023, participants had \$931,922 and \$1,633,353, respectively, of plan loans with TIAA with \$1,025,114 and \$1,796,688, respectively, of plan assets designated as collateral for these loans. Were a plan loan to go into default, the collateral associated with the loan would not be distributed to TIAA unless the participant was otherwise eligible for a distribution.

NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN AND INSURANCE COMPANIES

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, as custodian, AXA Equitable and TIAA and CREF are insurance carriers regulated, supervised and subject to periodic examinations, have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate. The TIAA and CREF certification also extends to those investments, if any, which TIAA Trust, N.A., a national trust banks, held as a directed trustee or custodian that were record kept by TIAA for the years ending December 31, 2024 and December 31, 2023, respectively:

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment income and interest income on notes receivable from participants and plan servicing credit, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.

NOTE 6 - CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of investments. The Plan has offered plan participants the ability to direct investments to various investment accounts. Certain funds invest in debt instruments. The issuer's abilities to meet these obligations may be affected by economic developments in their respective industries.

NOTE 7 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain plan investments are shares of Registered Investment Companies, Mutual Funds, Variable Annuities, Traditional Annuities or the Pooled Separate Account managed by TIAA and CREF, Equitable and Fidelity (as applicable), the insurance companies and custodian, respectively, as defined by the Plan and, therefore, these transactions qualify as party-in-interest and related party transactions. The transactions in Revenue Credit Accounts in the Plan, managed by TIAA and CREF and Fidelity, are also party-in-interest and related party transactions.

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 8 - FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset’s or liability’s fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023. There were no changes in the methodologies used as of December 31, 2024 or 2023.

Mutual Funds: Valued at the daily net asset value (“NAV”) of shares held by the Plan. Because these funds are traded on an active exchange and are valued primarily on the basis of market quotations, official closing prices, or on the basis of information furnished by a pricing service, they are classified as Level 1.

Variable Annuities: The fair values of accumulation units held by the Plan in the CREF accounts (registered investment companies held as variable annuity accounts) are based on each account’s daily NAV, which is considered by plan management to be the best approximation of fair value. CREF accounts are not exchange-traded. Data for NAVs are available daily to plan administrators and client investors on NASDAQ’s website (Level 1) and provides sufficient corroborative evidence to ascertain the relationship between each fund’s NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts.

Insurance Company Pooled Separate Account: Valued at NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

being used to value ending market values. Transfers out of this account are limited to once per quarter. These assets are classified as Level 2 because, while the funds have a quoted NAV, they are not publicly traded and have certain restrictions impacting participants' ability to transact.

TIAA Traditional Annuities: Valued at the amount that would be received at the reporting date if amounts were withdrawn or funds transferred within the Plan prior to maturity. A participant can only withdraw from the non-fully benefit responsive TIAA Traditional Annuities according to the predetermined installment plan. These assets are classified as Level 3 due to lack of observable transaction or similar investment instruments.

The following table sets forth by pricing observability level, the Plan's assets at fair value as of December 31, 2024:

| Investments | Assets at Fair Value as of December 31, 2024 | | | |
|------------------------------|----------------------------------------------|----------------------|-----------------------|-------------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| TIAA Traditional annuity | \$ - | \$ - | \$ 222,120,056 | \$ 222,120,056 |
| Pooled separate account | - | 34,937,085 | - | 34,937,085 |
| Variable annuities | 399,126,818 | - | - | 399,126,818 |
| Mutual funds | 864,576,322 | - | - | 864,576,322 |
| Assets, at fair value | \$ 1,263,703,140 | \$ 34,937,085 | \$ 222,120,056 | \$ 1,520,760,281 |

The following table sets forth by pricing observability level, the Plan's assets at fair value as of December 31, 2023:

| Investments | Assets at Fair Value as of December 31, 2023 | | | |
|------------------------------|----------------------------------------------|----------------------|-----------------------|-------------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| TIAA Traditional annuity | \$ - | \$ - | \$ 228,822,615 | \$ 228,822,615 |
| Pooled separate account | - | 36,814,081 | - | 36,814,081 |
| Variable annuities | 372,233,600 | - | - | 372,233,600 |
| Mutual funds | 761,798,642 | - | - | 761,798,642 |
| Assets, at fair value | \$ 1,134,032,242 | \$ 36,814,081 | \$ 228,822,615 | \$ 1,399,668,938 |

Purchases of Level 3 investments were \$26,163,473 for the Plan year ended December 31, 2024. There were no transfers into or out of Level 3 during 2024 and 2023.

The following table presents information about the valuation techniques used by management utilizing information provided by TIAA to measure fair value, significant unobservable inputs, and the ranges of values for these inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at December 31, 2024 and 2023:

| Type | 2024 Fair value | 2023 Fair value | Valuation Technique | Significant Unobservable Inputs | Range |
|-----------------------------|-----------------|-----------------|--------------------------------------------------------|-------------------------------------|--------------------------------------------|
| TIAA Traditional Annuity-RA | \$ 222,120,056 | \$ 228,822,615 | Discounted cash flow Theoretical transfer (exit value) | Risk-adjusted discount rate applied | 2024: 3.65% - 6.50% 2023: 4.00% - 6.75% |

The George Washington University Supplemental Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

TIAA Traditional Annuity non-fully benefit responsive account balances are reported at contract value, which approximates fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate applied to contributions received during a reporting period, which may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

NOTE 9 - TAX STATUS

It is the intention of the University that the Plan, as amended and restated, meets the requirements of ERISA and qualifies under Section 403(b) of the IRC, thereby exempting the Plan from federal income taxes. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator follows the authoritative guidance on accounting for and disclosure of uncertainty in tax positions. The Plan Administrator has determined that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2024 and 2023. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 15, 2025, which is the date the financial statements were available to be issued. Management is not aware of any subsequent event which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

The George Washington University Supplemental Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #53-0196584, PLAN #003

| (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 |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| ** | Fidelity Management Trust Company | | | |
| | VAN FTSE SOC IDX ADM | Registered Investment Companies | * | \$ 3,085,068 |
| | VANGUARD INTL VALUE | Registered Investment Companies | * | 4,126,533 |
| | VANGUARD INST INDEX | Registered Investment Companies | * | 33,775,240 |
| | VANG TOT STK MKT IS | Registered Investment Companies | * | 19,496,389 |
| | VANG GNMA ADM | Registered Investment Companies | * | 1,450,231 |
| | VANG HI YLD CORP ADM | Registered Investment Companies | * | 1,751,948 |
| | VANG LT TREASURY ADM | Registered Investment Companies | * | 2,868,177 |
| | VANG ST INV GR ADM | Registered Investment Companies | * | 2,603,003 |
| | VANG GRTH & INC ADM | Registered Investment Companies | * | 9,343,708 |
| | VANG INTL GROWTH ADM | Registered Investment Companies | * | 8,794,175 |
| | VANG US GROWTH ADM | Registered Investment Companies | * | 17,415,022 |
| | VANG WELLESLEY ADM | Registered Investment Companies | * | 5,096,316 |
| | VANG WELLINGTON ADM | Registered Investment Companies | * | 15,430,765 |
| | VAN REAL EST IDX ADM | Registered Investment Companies | * | 2,350,204 |
| | VANG WINDSOR ADM | Registered Investment Companies | * | 27,211,547 |
| | VANG INTM TREAS ADM | Registered Investment Companies | * | 540,735 |
| | VANG LT INV GR ADM | Registered Investment Companies | * | 4,442,883 |
| | VANG ST TREASURY ADM | Registered Investment Companies | * | 722,948 |
| | VANG VMMR-FED MMKT | Registered Investment Companies | * | 20,598,016 |
| | VANG TOT INTL STK AD | Registered Investment Companies | * | 5,044,527 |
| | VANG ST INF PS IDX A | Registered Investment Companies | * | 609,028 |
| | VANG INFL PROT ADM | Registered Investment Companies | * | 1,142,272 |
| | FID GNMA | Registered Investment Companies | * | 245,273 |
| | FID INVST GR BD | Registered Investment Companies | * | 1,276,781 |
| | FID INTERMED BOND | Registered Investment Companies | * | 1,864,166 |
| | FIDELITY GOVT INCOME | Registered Investment Companies | * | 482,678 |
| | FID ASSET MGR 50% | Registered Investment Companies | * | 1,774,608 |
| | FID ASSET MGR 70% | Registered Investment Companies | * | 902,500 |
| | FID ASSET MGR 20% | Registered Investment Companies | * | 1,122,675 |
| | FID ASSET MGR 85% | Registered Investment Companies | * | 1,313,247 |
| | FID SM CAP DISCOVERY | Registered Investment Companies | * | 5,289,639 |
| | FID SHORT TERM BOND | Registered Investment Companies | * | 2,188,541 |
| | FID GOVT MMKT | Registered Investment Companies | * | 4,930,169 |
| | FID REAL ESTATE INC | Registered Investment Companies | * | 657,328 |
| | FID BALANCED K | Registered Investment Companies | * | 6,805,660 |
| | FID BLUE CHIP GR K | Registered Investment Companies | * | 25,542,190 |
| | FID CONTRAFUND K | Registered Investment Companies | * | 24,261,709 |
| | FID EMERGING MKTS K | Registered Investment Companies | * | 1,792,004 |
| | FID GROWTH CO K | Registered Investment Companies | * | 32,389,786 |
| | FID LOW PRICED STK K | Registered Investment Companies | * | 5,535,474 |
| | FID MAGELLAN K | Registered Investment Companies | * | 11,977,408 |
| | FID MID CAP STOCK K | Registered Investment Companies | * | 5,163,907 |
| | FID OTC K | Registered Investment Companies | * | 10,123,018 |
| | FID OVERSEAS K | Registered Investment Companies | * | 6,734,996 |
| | FID PURITAN K | Registered Investment Companies | * | 3,543,586 |
| | FID US BOND IDX | Registered Investment Companies | * | 5,764,363 |
| | FID 500 INDEX | Registered Investment Companies | * | 36,675,747 |
| | FID INFL PR BD IDX | Registered Investment Companies | * | 553,128 |
| | FID FREEDOM INC K | Registered Investment Companies | * | 661,341 |
| | FID FREEDOM 2010 K | Registered Investment Companies | * | 1,553,298 |
| | FID FREEDOM 2015 K | Registered Investment Companies | * | 1,651,181 |
| | FID FREEDOM 2020 K | Registered Investment Companies | * | 7,348,505 |
| | FID FREEDOM 2025 K | Registered Investment Companies | * | 10,872,065 |
| | FID FREEDOM 2030 K | Registered Investment Companies | * | 18,055,716 |

The George Washington University Supplemental Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #53-0196584, PLAN #003

| (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 |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|------------------------|
| | FID FREEDOM 2035 K | Registered Investment Companies | * | \$ 24,708,618 |
| | FID FREEDOM 2040 K | Registered Investment Companies | * | 28,185,753 |
| | FID FREEDOM 2045 K | Registered Investment Companies | * | 25,551,955 |
| | FID FREEDOM 2050 K | Registered Investment Companies | * | 23,038,082 |
| | FID FREEDOM 2055 K | Registered Investment Companies | * | 15,107,774 |
| | FID FREEDOM 2060 K | Registered Investment Companies | * | 6,177,845 |
| | FID STRATEGIC INCOME | Registered Investment Companies | * | 2,899,500 |
| | FID FREEDOM 2065 K | Registered Investment Companies | * | 1,110,908 |
| * | Participant Loans | Interest Rates: 4.25% - 9.50% Maturities through 2032 | * | 3,494,304 |
| ** | AXA Equitable - Variable Annuities | | | |
| | EQ/LARGE CAP VALUE MANAGED VOLATILITY | Registered Investment Companies | * | 6,358 |
| | EQ/INTERNATIONAL VALUE MANAGED VOL | Registered Investment Companies | * | 94 |
| | EQ/EQUITY 500 INDEX | Registered Investment Companies | * | 10,409 |
| | EQ/CAPITAL GUARDIAN RESEARCH | Registered Investment Companies | * | 183,660 |
| | EQ/INTERNATIONAL EQUITY INDEX | Registered Investment Companies | * | 4,000 |
| | EQ/LARGE CAP GROWTH MANAGED VOLATILITY | Registered Investment Companies | * | 50,744 |
| | EQ MONEY MARKET | Registered Investment Companies | * | 73,145 |
| | EQ/CORE PLUS BOND | Registered Investment Companies | * | 13,862 |
| | MULTIMANAGER TECHNOLOGY | Registered Investment Companies | * | 13,521 |
| | EQ/INTERMEDIATE GOVERNMENT BOND | Registered Investment Companies | * | 188,482 |
| | MULTIMANAGER AGGRESSIVE EQUITY | Registered Investment Companies | * | 16,174 |
| | EQ/ MODERATE ALLOCATION PORTFOLIO | Registered Investment Companies | * | 287,428 |
| | EQ/COMMON STOCK INDEX | Registered Investment Companies | * | 262,638 |
| | Total assets (held at end of year) | | | <u>\$1,649,163,520</u> |

* Cost is omitted because it is not required for participant-directed accounts.

** Denotes a party-in-interest.

The George Washington University Supplemental Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN #53-0196584, PLAN #003

| (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 |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| ** | Teachers' Insurance and Annuity Association | | | |
| | TIAA Traditional Annuity - GSRA | Unallocated Insurance Contract | * | \$ 124,908,935 |
| | TIAA Traditional Annuity - RA | Unallocated Insurance Contract | * | 222,120,056 |
| | TIAA Real Estate | Pooled Separate Account | * | 34,937,085 |
| ** | College Retirement Equities Fund - Variable Annuities | | | |
| | CREF Stock R3 | Registered Investment Companies | * | 209,627,947 |
| | CREF Money Market R3 | Registered Investment Companies | * | 8,317,067 |
| | CREF Money Market R1 | Registered Investment Companies | * | 433 |
| | CREF Social Choice R3 | Registered Investment Companies | * | 21,122,172 |
| | CREF Global Equities R3 | Registered Investment Companies | * | 43,146,276 |
| | CREF Growth R3 | Registered Investment Companies | * | 60,804,869 |
| | CREF Equity Index R3 | Registered Investment Companies | * | 30,667,143 |
| | CREF Inflation-Linked Bond R3 | Registered Investment Companies | * | 12,414,525 |
| | CREF Core Bond R3 | Registered Investment Companies | * | 11,915,871 |
| ** | TIAA-CREF Mutual Funds | | | |
| | Nuveen Bond Index R6 | Registered Investment Companies | * | 15,105,342 |
| | Nuveen Core Plus Bond R6 | Registered Investment Companies | * | 3,153,283 |
| | Nuveen Core Bond R6 | Registered Investment Companies | * | 3,150,624 |
| | Nuveen Equity Index R6 | Registered Investment Companies | * | 28,102,045 |
| | Nuveen High Yield R6 | Registered Investment Companies | * | 5,703,195 |
| | Nuveen Infl Linked Bond R6 | Registered Investment Companies | * | 2,055,245 |
| | Nuveen Internatl Eq Idx R6 | Registered Investment Companies | * | 32,972,826 |
| | Nuveen Lifecycle Ret Inc R6 | Registered Investment Companies | * | 115,360 |
| | Nuveen Large Cap Gr Idx R6 | Registered Investment Companies | * | 12,489,571 |
| | Nuveen Large Cap Growth R6 | Registered Investment Companies | * | 7,152,423 |
| | Nuveen Large Cap Val Idx R6 | Registered Investment Companies | * | 18,763,552 |
| | Nuveen Large Cap Value R6 | Registered Investment Companies | * | 12,888,330 |
| | Nuveen Lifecycle 2010 R6 | Registered Investment Companies | * | 2,112,282 |
| | Nuveen Lifecycle 2015 R6 | Registered Investment Companies | * | 3,022,642 |
| | Nuveen Lifecycle 2020 R6 | Registered Investment Companies | * | 5,046,563 |
| | Nuveen Lifecycle 2025 R6 | Registered Investment Companies | * | 9,698,705 |
| | Nuveen Lifecycle 2030 R6 | Registered Investment Companies | * | 9,044,910 |
| | Nuveen Lifecycle 2035 R6 | Registered Investment Companies | * | 11,900,020 |
| | Nuveen Lifecycle 2040 R6 | Registered Investment Companies | * | 14,003,007 |
| | Nuveen Lifecycle 2045 R6 | Registered Investment Companies | * | 7,897,877 |
| | Nuveen Lifecycle 2050 R6 | Registered Investment Companies | * | 5,218,809 |
| | Nuveen Lifecycle 2055 R6 | Registered Investment Companies | * | 3,291,930 |
| | Nuveen Managed Allocat R6 | Registered Investment Companies | * | 270,870 |
| | Nuveen Money Market R6 | Registered Investment Companies | * | 4,902,569 |
| | uveen Real Est Sec Sel R6 | Registered Investment Companies | * | 8,431,508 |
| | Nuveen S&P 500 Index R6 | Registered Investment Companies | * | 30,043,168 |
| | Nuveen Short Term Bond R6 | Registered Investment Companies | * | 2,043,364 |
| | Nuveen Small Cap Bld Idx R6 | Registered Investment Companies | * | 6,838,998 |
| | Nuveen Quant Small Cp Eq R6 | Registered Investment Companies | * | 12,581,545 |
| | Nuveen Large Cap Resp Eq R6 | Registered Investment Companies | * | 11,917,848 |
| | American Cent MdCpVa Fd Cla R6 | Registered Investment Companies | * | 7,472,898 |
| | MFS Intl Diversification Cl R6 | Registered Investment Companies | * | 9,040,667 |
| | Nuveen Lifecycle 2065 R6 | Registered Investment Companies | * | 47,526 |
| | Nuveen Lifecycle 2060 R6 | Registered Investment Companies | * | 824,794 |
| | MFS Mid Cap Growth Fund R6 | Registered Investment Companies | * | 3,540,169 |

The George Washington University Supplemental Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #53-0196584, PLAN #003

| (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 |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| ** | Fidelity Management Trust Company | | | |
| | VAN FTSE SOC IDX ADM | Registered Investment Companies | * | \$ 3,085,068 |
| | VANGUARD INTL VALUE | Registered Investment Companies | * | 4,126,533 |
| | VANGUARD INST INDEX | Registered Investment Companies | * | 33,775,240 |
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| | VANG GNMA ADM | Registered Investment Companies | * | 1,450,231 |
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| | VANG LT TREASURY ADM | Registered Investment Companies | * | 2,868,177 |
| | VANG ST INV GR ADM | Registered Investment Companies | * | 2,603,003 |
| | VANG GRTH & INC ADM | Registered Investment Companies | * | 9,343,708 |
| | VANG INTL GROWTH ADM | Registered Investment Companies | * | 8,794,175 |
| | VANG US GROWTH ADM | Registered Investment Companies | * | 17,415,022 |
| | VANG WELLESLEY ADM | Registered Investment Companies | * | 5,096,316 |
| | VANG WELLINGTON ADM | Registered Investment Companies | * | 15,430,765 |
| | VAN REAL EST IDX ADM | Registered Investment Companies | * | 2,350,204 |
| | VANG WINDSOR ADM | Registered Investment Companies | * | 27,211,547 |
| | VANG INTM TREAS ADM | Registered Investment Companies | * | 540,735 |
| | VANG LT INV GR ADM | Registered Investment Companies | * | 4,442,883 |
| | VANG ST TREASURY ADM | Registered Investment Companies | * | 722,948 |
| | VANG VMMR-FED MMKT | Registered Investment Companies | * | 20,598,016 |
| | VANG TOT INTL STK AD | Registered Investment Companies | * | 5,044,527 |
| | VANG ST INF PS IDX A | Registered Investment Companies | * | 609,028 |
| | VANG INFL PROT ADM | Registered Investment Companies | * | 1,142,272 |
| | FID GNMA | Registered Investment Companies | * | 245,273 |
| | FID INVST GR BD | Registered Investment Companies | * | 1,276,781 |
| | FID INTERMED BOND | Registered Investment Companies | * | 1,864,166 |
| | FIDELITY GOVT INCOME | Registered Investment Companies | * | 482,678 |
| | FID ASSET MGR 50% | Registered Investment Companies | * | 1,774,608 |
| | FID ASSET MGR 70% | Registered Investment Companies | * | 902,500 |
| | FID ASSET MGR 20% | Registered Investment Companies | * | 1,122,675 |
| | FID ASSET MGR 85% | Registered Investment Companies | * | 1,313,247 |
| | FID SM CAP DISCOVERY | Registered Investment Companies | * | 5,289,639 |
| | FID SHORT TERM BOND | Registered Investment Companies | * | 2,188,541 |
| | FID GOVT MMKT | Registered Investment Companies | * | 4,930,169 |
| | FID REAL ESTATE INC | Registered Investment Companies | * | 657,328 |
| | FID BALANCED K | Registered Investment Companies | * | 6,805,660 |
| | FID BLUE CHIP GR K | Registered Investment Companies | * | 25,542,190 |
| | FID CONTRAFUND K | Registered Investment Companies | * | 24,261,709 |
| | FID EMERGING MKTS K | Registered Investment Companies | * | 1,792,004 |
| | FID GROWTH CO K | Registered Investment Companies | * | 32,389,786 |
| | FID LOW PRICED STK K | Registered Investment Companies | * | 5,535,474 |
| | FID MAGELLAN K | Registered Investment Companies | * | 11,977,408 |
| | FID MID CAP STOCK K | Registered Investment Companies | * | 5,163,907 |
| | FID OTC K | Registered Investment Companies | * | 10,123,018 |
| | FID OVERSEAS K | Registered Investment Companies | * | 6,734,996 |
| | FID PURITAN K | Registered Investment Companies | * | 3,543,586 |
| | FID US BOND IDX | Registered Investment Companies | * | 5,764,363 |
| | FID 500 INDEX | Registered Investment Companies | * | 36,675,747 |
| | FID INFL PR BD IDX | Registered Investment Companies | * | 553,128 |
| | FID FREEDOM INC K | Registered Investment Companies | * | 661,341 |
| | FID FREEDOM 2010 K | Registered Investment Companies | * | 1,553,298 |
| | FID FREEDOM 2015 K | Registered Investment Companies | * | 1,651,181 |
| | FID FREEDOM 2020 K | Registered Investment Companies | * | 7,348,505 |
| | FID FREEDOM 2025 K | Registered Investment Companies | * | 10,872,065 |
| | FID FREEDOM 2030 K | Registered Investment Companies | * | 18,055,716 |

The George Washington University Supplemental Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #53-0196584, PLAN #003

| (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 |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|------------------------|
| | FID FREEDOM 2035 K | Registered Investment Companies | * | \$ 24,708,618 |
| | FID FREEDOM 2040 K | Registered Investment Companies | * | 28,185,753 |
| | FID FREEDOM 2045 K | Registered Investment Companies | * | 25,551,955 |
| | FID FREEDOM 2050 K | Registered Investment Companies | * | 23,038,082 |
| | FID FREEDOM 2055 K | Registered Investment Companies | * | 15,107,774 |
| | FID FREEDOM 2060 K | Registered Investment Companies | * | 6,177,845 |
| | FID STRATEGIC INCOME | Registered Investment Companies | * | 2,899,500 |
| | FID FREEDOM 2065 K | Registered Investment Companies | * | 1,110,908 |
| * | Participant Loans | Interest Rates: 4.25% - 9.50% Maturities through 2032 | * | 3,494,304 |
| ** | AXA Equitable - Variable Annuities | | | |
| | EQ/LARGE CAP VALUE MANAGED VOLATILITY | Registered Investment Companies | * | 6,358 |
| | EQ/INTERNATIONAL VALUE MANAGED VOL | Registered Investment Companies | * | 94 |
| | EQ/EQUITY 500 INDEX | Registered Investment Companies | * | 10,409 |
| | EQ/CAPITAL GUARDIAN RESEARCH | Registered Investment Companies | * | 183,660 |
| | EQ/INTERNATIONAL EQUITY INDEX | Registered Investment Companies | * | 4,000 |
| | EQ/LARGE CAP GROWTH MANAGED VOLATILITY | Registered Investment Companies | * | 50,744 |
| | EQ MONEY MARKET | Registered Investment Companies | * | 73,145 |
| | EQ/CORE PLUS BOND | Registered Investment Companies | * | 13,862 |
| | MULTIMANAGER TECHNOLOGY | Registered Investment Companies | * | 13,521 |
| | EQ/INTERMEDIATE GOVERNMENT BOND | Registered Investment Companies | * | 188,482 |
| | MULTIMANAGER AGGRESSIVE EQUITY | Registered Investment Companies | * | 16,174 |
| | EQ/ MODERATE ALLOCATION PORTFOLIO | Registered Investment Companies | * | 287,428 |
| | EQ/COMMON STOCK INDEX | Registered Investment Companies | * | 262,638 |
| | Total assets (held at end of year) | | | <u>\$1,649,163,520</u> |

* Cost is omitted because it is not required for participant-directed accounts.

** Denotes a party-in-interest.