

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1968
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) SAMFORD UNIVERSITY 800 LAKESHORE DRIVE BIRMINGHAM, AL 35229-0001
2b Employer Identification Number (EIN) 63-0312914
2c Plan Sponsor's telephone number 205-726-4084
2d Business code (see instructions) 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	2015
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)	1431
	6a(2)	1596
	6b	0
	6c	630
	6d	2226
	6e	8
	6f	2234
	6g(1)	1553
6g(2)	1645	
6h	124	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

- (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 2
- (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 SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SAMFORD UNIVERSITY		D Employer Identification Number (EIN) 63-0312914

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	500465	182	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	10165641
5	Current value of plan's interest under this contract in separate accounts at year end.....	993380
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 9078474
c	Additions: (1) Contributions deposited during the year	7c(1) 459682
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 377701
	(4) Transferred from separate account	7c(4) 913908
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT, LOAN REPAYMENTS	7c(5) 63632
	(6) Total additions	7c(6) 1814923
d	Total of balance and additions (add lines 7b and 7c(6))	7d 10893397
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 671270
	(2) Administration charge made by carrier.....	7e(2) -11042
	(3) Transferred to separate account	7e(3) 67528
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 727756	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 10165641

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SAMFORD UNIVERSITY</p>	<p>D Employer Identification Number (EIN) 63-0312914</p>

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	43683	46	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 309	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
174			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CRAFT, ANDREW C **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

BUER, ARIE R 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

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

MORGAN, JR, RANCE K 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

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

DAVIS, STEPHAN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

DARRAGH, SCOTT 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

AKINS, COREY A 2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1389504
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1503123
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 53938
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 53938
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1557061
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 156836
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 10642
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 79
(5) Total deductions	7e(5) 167557	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1389504

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SAMFORD UNIVERSITY	D Employer Identification Number (EIN) 63-0312914	

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

CREF - TIAA-CREF INVESTMENT MANAGEM

13-3586142

(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

TIAA-CREF MUTUAL FUND-TEACHERS ADV

13-3760073

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

TIAA-TEACHERS INSURANCE AND ANNUITY

13-1624203

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	82984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

TIAA

730 THIRD AVE.
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 15 18 52 13	INSURANCE CARRIER	37105	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOHNSON STERLING, INC.

63-0970725

(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	CONSULTANT	33825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CROWE LLP

35-0921680

(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	29457	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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	6537	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)

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG GLOBAL EQUITY INDEX STRATEGY CL	777 108TH AVE NE BELLEVUE, WA 98004	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN HEDGED EQUITY CLASS I	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN CORE BOND CLASS I	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND INSTL 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG MEEDER TACTICAL STRATEGY FUND R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG JPMORGAN TACTICMODERATE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG ACTIVE CORE BOND STRATEGY FUND 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG JANUS HENDERSON BALANCED STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG TACTICAL INCOME STRATEGY CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG SECTOR EQUITY BUS CYCLE STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRLN R CORE PLS BD I - U.S. BANCORP 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEGALL BRYANT HAMILL PLUS BOND FD R 370 17TH ST STE 5000 DENVER, CO 80202	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAMFORD UNIVERSITY</u>	D Employer Identification Number (EIN) <u>63-0312914</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>13-1624203-004</u>	<u>P</u>	<u>993380</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
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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 SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SAMFORD UNIVERSITY	D Employer Identification Number (EIN) 63-0312914

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	4181268
(2) Participant contributions	1b(2)	401177
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1376488
(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)	217336
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	993380
(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)	108308322
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11555144
(15) Other.....	1c(15)	15614

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	108027518	127048729
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	108027518	127048729

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)	6365333	
(B) Participants.....	2a(1)(B)	5730669	
(C) Others (including rollovers).....	2a(1)(C)	1016562	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13112564
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	63056	
(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)	17066	
(F) Other.....	2b(1)(F)	116504	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		196626
(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)	3018410	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3018410
(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)		-43193
(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)		10123234
c Other income	2c		315593
d Total income. Add all income amounts in column (b) and enter total.....	2d		26723234

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7511624	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7511624
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)	37105	
(3) Recordkeeping fees	2i(3)	83475	
(4) IQPA audit fees	2i(4)	29457	
(5) Investment advisory and investment management fees	2i(5)	40362	
(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)		190399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7702023

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19021211
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: CROWE LLP

(2) EIN: 35-0921680

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2230
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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.	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 <u>SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAMFORD UNIVERSITY</u>	D Employer Identification Number (EIN) <u>63-0312914</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): 04-2647786 13-1624203

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND
DEFINED CONTRIBUTION PLAN
Birmingham, Alabama

FINANCIAL STATEMENTS
December 31, 2024 and 2023

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND
DEFINED CONTRIBUTION PLAN
Birmingham, Alabama

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Samford University 403(b) Salary Deferral and Defined Contribution Plan
Birmingham, Alabama

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

We have performed audits of the financial statements of Samford University 403(b) Salary Deferral and Defined Contribution Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by qualified institutions and certified to by qualified institutions and an agent on behalf of qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions and an agent of institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

(Continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Contributions 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 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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. The information included in the supplemental schedules other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by qualified institutions and certified to by qualified institutions and an agent on behalf of qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions and an agent of institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).


Crowe LLP

Franklin, Tennessee
September 24, 2025

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Current Assets		
Investments, at fair value	\$ 114,066,423	\$ 95,115,787
Investments, at contract value	8,166,911	8,160,613
Loan collateral fund	<u>15,614</u>	<u>15,158</u>
	122,248,948	103,291,558
Receivables		
Employee contributions	401,177	389,617
Employer contributions	4,181,268	4,070,022
Notes receivable from participants	<u>217,336</u>	<u>276,321</u>
Total receivables	<u>4,799,781</u>	<u>4,735,960</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 127,048,729</u>	<u>\$ 108,027,518</u>

See accompanying notes to financial statements.

SAMFORD UNIVERSITY
403 (b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024

Additions:

Investment income:	
Net appreciation in fair value of investments	\$ 10,686,616
Interest and dividend income	<u>2,924,054</u>
Total investment income	13,610,670

Contributions:

Employer contributions	6,365,333
Employee contributions	5,730,669
Rollover contributions	<u>1,016,562</u>
Total contributions	<u>13,112,564</u>

Total additions 26,723,234

Deductions:

Benefit payments	7,511,624
Administrative expenses	<u>190,399</u>
Total deductions	<u>7,702,023</u>

Net increase 19,021,211

Net assets available of benefits:

Beginning of year	<u>108,027,518</u>
End of year	<u>\$ 127,048,729</u>

See accompanying notes to financial statements.

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION

The following description of the Samford University 403(b) Salary Deferral and Defined Contribution Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, established by Samford University (the University, Sponsor), is a 403(b) defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The general administration of the Plan and the responsibility for carrying out the provisions of the Plan are placed with the Human Resources Department of the University (Administrator). The recognized assets of the Plan are held and invested by TIAA and CREF (TIAA-CREF), Fidelity Management Trust Company (Fidelity), and The Variable Annuity Life Insurance Company (VALIC), collectively known as the custodians.

Each full-time employee or regular part-time employee who is not a student enrolled and attending classes offered by the University, shall be eligible to participate in the Plan on date of hire. The term "student" does not include employees attending classes under the University tuition benefit agreement. An eligible employee becomes a participant commencing with the next regularly scheduled payroll period following the date the employee completes a Salary Reduction Agreement Form and enrolls in the Plan with TIAA-CREF and/or Fidelity.

Contributions: Contributions to the Plan may consist of voluntary employee contributions and rollover contributions. The Plan allows both pre-tax and Roth contributions to investments issued by the Teachers' Insurance Annuity Association (TIAA) and variable annuities offered by the College Retirement Equities Fund (CREF). In addition, the Plan allows both pre-tax and Roth contributions to investments offered by Fidelity.

Employee contributions are subject to the maximum amount allowed by law (\$23,000 per participant for 2024). Participants who are age 50 or older before the close of the plan year are eligible to make catch-up contributions, subject to certain Internal Revenue Code limits (\$7,500 per participant for 2024). Employee contributions, rollover contributions, and related income are immediately fully vested and non-forfeitable.

The Plan allows for employer matching contributions and non-elective employer contributions for full-time employees. In order to be eligible for employer contributions, the participant must complete one year of service. Employees classified as part-time are ineligible for employer contributions. These contributions start on the first of January or July after completion of 1 year of service. For rehires, they receive credit for prior years of service. The contribution rate by the employer is tied to years of service pursuant to the following schedule:

Years of Participation	Contribution Rate
1-3	2.00%
4-6	3.50%
7+	5.00%

Also, for participants with at least 1,000 hours worked per year, the employer will make a \$1 for \$1 match of all employee deferrals up to 3% of eligible compensation. The employer match and contribution are vested at the rate of 20% per year. Effective January 1, 2024 the University has revised its policy and eliminated the previous requirement of 1 year of service for eligibility for participant of the employer match contribution.

(Continued)

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NOTE 1 – PLAN DESCRIPTION (Continued)

Effective January 1, 2021, the Samford University Pension Plan and Trust, which is another plan sponsored by Samford University for eligible employees hired prior to January 1, 2013, was frozen to further benefit accumulation. As a result, this Plan was amended to make those employees eligible for employer matching contributions and non-elective contributions. Additionally, for five years (or earlier employment termination date) beginning with the calendar year commencing on January 1, 2021, Samford University is making certain transition contributions to the 403(b) accounts of active employees who were eligible to accrue benefits under the Pension Plan as of December 31, 2020, who (i) work 1,000 hours for Samford University during the calendar year and (ii) are employed by Samford University on the last day of the calendar year. Such amounts are determined based on the employee's age and Pension Plan Credited Service on December 31, 2020. Transition contributions range from 0% to 7% and are made based upon the applicable percentage multiplied by the employee's annual compensation.

Additionally, an auto-enrollment provision was added to automatically enroll newly eligible full-time employees into the Plan with a salary deferral contribution of 3% of their compensation, unless they opt out of participation.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of Sponsor contributions, plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant account balances. Distributions, withdrawals, and allocated expenses are subtracted from the account balances when paid. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable From Participants: Participants may borrow from their Fidelity or TIAA-CREF accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as transfers between the investment fund and notes receivable from participants. These loans are carried at the loan's unpaid principal balance plus accrued interest and are recorded as notes receivable from participants in the statements of net assets available for benefits. Participant loans from Fidelity accounts as of December 31, 2024 and 2023, totaled \$95,395 and \$113,125, respectively. Participant loans from TIAA-CREF accounts as of December 31, 2024 and 2023, totaled \$121,941 and \$163,196, respectively.

Plan Loans: Participants have the ability to enter into loans directly with VALIC, using their account balance as collateral for the loan. Interest rates for outstanding loans were 5.00-6.00% at December 31, 2024 and 2023. For participants with loans at VALIC, the participant must retain an amount equal to the original principal of the loan requested plus first quarter interest due and potential surrender charges, as collateral in the Loan Collateral Fund to secure the loan in event of default. Interest is paid to the Loan Collateral Fund. As of December 31, 2024 and 2023, \$15,614 and \$15,158, respectively, was held in the Loan Collateral Fund as collateral for VALIC Plan loans, which is considered an asset of the Plan and is included in the statements of net assets available for benefits. The loans themselves are not considered assets of the Plan, and therefore, are not included in the statements of net assets available for benefits.

Payment Of Benefits: Upon termination of service, attainment of age 59 1/2, death, or disability, participants and/or beneficiaries may elect to receive benefit payments, including annuities, available through the custodians, or they may maintain their account balance with the custodians. Payments from the TIAA Traditional Annuity are made according to the predetermined installment schedule.

Payments from other Plan assets can be made according to the permitted format of the individual investment contract through TIAA-CREF or the individual custodial account agreement with Fidelity, and/or VALIC.

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION (Continued)

Plan Expenses: Participants are charged an asset-based service fee for administrative expenses of the Plan. Participants also pay certain administrative fees for participant-initiated transactions. Investment-related expenses are included in net change in fair value of investments. The University pays other administrative expenses of the Plan.

Plan Termination: The University intends to continue the Plan indefinitely but reserves the right to amend, modify, terminate, or discontinue further contributions of 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 participant accounts will become nonforfeitable to the extent funded.

Forfeitures: Forfeited balances of terminated participants' nonvested accounts are used to reduce administrative expenses or future employer contributions.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis Of Accounting: The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: Plan investments other than fully benefit-responsive investment contracts are recorded at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Contributions: Participant contributions are recorded when deducted from the participating employees' compensation. Rollover contributions are recorded when received. Employer contributions are recorded when earned by participants.

Payment Of Benefits: Benefit payments are recorded when paid.

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, VALIC and TIAA-CREF, including TIAA as agent for TIAA Trust, N.A. as of and for the year ended December 31, 2024.

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Variable Annuity Accounts: The fair values of variable annuity accounts were determined by obtaining quoted prices on nationally recognized security exchanges (Level 1 inputs).

Money Market Funds: Fair value is estimated to approximate the cost basis of the deposit account balance, based upon the liquidity of the account and the credit quality of the issuer (Level 1 inputs). The Plan's investments in the money market funds occasionally exceed the federally insured balance.

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Fixed Annuity Contracts: The TIAA Traditional Annuity contracts are individual guaranteed fixed annuity investment contracts issued by TIAA (“Issuer”). Due to certain liquidity restriction provisions, some of the contracts within the TIAA Traditional Annuity contract are not fully benefit-responsive and, accordingly, are measured at fair value. TIAA and Plan management have determined contract value to be the most reasonable estimate of fair value for contracts that are not fully benefit-responsive. Contract value is the aggregation of contributions, plus interest that is credited, less applicable withdrawals. The fair values of the Plan’s non-fully benefit-responsive investment contracts have been estimated by TIAA to approximate contract value, based upon a discounted cash flows analysis methodology that discounts the projected cash flows using risk-adjusted market discount rates which correlate closely with TIAA Traditional Annuity’s historical interest crediting rates (Level 3 inputs).

The contract values are guaranteed by TIAA and reflect the exit value available to the Plan and Plan participants. Based upon recent credit ratings for TIAA, management believes no adjustment to contract value is required related to credit quality. Since investment contracts are not transferable, there is no market from which to obtain observable market prices for the contracts held by the Plan or comparable contracts.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The plan administrator reviews and evaluates the methodology and assumptions used by the contract issuer, including consideration of economic conditions and discussions with the issuer regarding the applicability of the specific level 3 measurement inputs to the Plan’s investment contract, and review of current rating agency reports for the issuer.

Investments measured at fair value on a recurring basis are summarized below:

	<u>Fair Value</u>	Active Markets For Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2024				
Mutual funds	\$ 86,343,864	\$ 86,343,864	\$ -	\$ -
Variable annuity contracts	22,957,838	18,459,218	4,498,620	-
Fixed annuity contracts	3,388,234	-	-	3,388,234
Money market funds	1,376,487	1,376,487	-	-
	<u>\$ 114,066,423</u>	<u>\$ 106,179,569</u>	<u>\$ 4,498,620</u>	<u>\$ 3,388,234</u>

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	<u>Fair Value</u>	Active Markets For Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2023				
Mutual funds	\$ 69,871,607	\$ 69,871,607	\$ -	\$ -
Variable annuity contracts	21,549,322	16,963,648	4,585,674	-
Fixed annuity contracts	2,420,984	-	-	2,420,984
Money market funds	1,273,874	1,273,874	-	-
	<u>\$ 95,115,787</u>	<u>\$ 88,109,129</u>	<u>\$ 4,585,674</u>	<u>\$ 2,420,984</u>

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024:

Year ended December 31, 2024	<u>Fixed Annuity Contracts</u>
Purchases	<u>\$ 1,019,742</u>
Sales	<u>\$ (164,638)</u>

NOTE 5 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan has benefit-responsive guaranteed investment contracts with TIAA and VALIC totaling \$8,166,911 and \$8,160,613 at December 31, 2024 and 2023, respectively.

Within the TIAA Traditional Individual Fixed Annuity Contract are six types of contracts available to participants: the Retirement Annuity (RA), the Group Retirement Annuity (GRA), the Retirement Choice (RC), the Supplemental Retirement Annuity (SRA), the Group Supplement Retirement Annuity (GSRA), and the Retirement Choice Plus (RCP). The type of contract through which a participant allocates to the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional amounts paid above the guaranteed minimum interest rate, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. There are certain liquidity restrictions on the RA, GRA, and RC contracts.

Participants with RA, GRA, and RC contracts have certain restrictions over the availability of lump-sum withdrawals from the contracts as well as over the number of installments in which participant-initiated transfers and participant-initiated withdrawals are made. Based on these provisions, the RA, GRA, and RC contracts are considered to be non-fully benefit-responsive. As there are no comparable restrictions over the SRA, GSRA and RCP contracts, those contracts are considered fully benefit-responsive. Participants in the Plan hold investments in both non-fully benefit-responsive and fully benefit-responsive contracts through the TIAA Traditional Account.

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA-CREF and VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

TIAA maintains the contributions to the TIAA Traditional Annuity contracts in its general account. TIAA's general account is credited with earnings on the underlying investments and is charged for participant and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

All TIAA Traditional Annuity contracts are directly between TIAA and the participants. Benefit payments from the contracts are paid as an annuity or a lump-sum, as defined in the contracts and as elected by the participant upon meeting the eligibility requirements. There are no conditions specified in any of the contracts under which participant withdrawals and transfers would be restricted or made at a value other than contract value or the annuity or lump-sum benefit, as defined in the contracts. The contracts do not provide any provisions that would allow the Issuer to terminate the contracts between the Issuer and the participants.

The Plan also holds fully benefit-responsive investment contracts (Fixed Account Plus and Short-Term Fixed Account) with VALIC. VALIC maintains the contributions in the general account. The general account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The account is guaranteed to earn at least a minimum rate of interest.

The VALIC investment contracts specify certain conditions under which distributions from the contracts would be payable at amounts below contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Sponsor, and certain other Sponsor-initiated events that result in distributions exceeding a set amount. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

NOTE 6 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market risk liquidity risk, global events, 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71 and the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 8 – PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the University. No such officer or employee receives compensation from the Plan.

Certain Plan investments are managed by TIAA-CREF, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value and contract value of these investments is \$48,303,920 and \$41,593,755 as of December 31, 2024 and 2023, respectively.

Certain Plan investments are also managed by Fidelity, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value of these investments is \$61,203,244 and \$49,808,630 as of December 31, 2024 and 2023, respectively.

Certain Plan investments are managed by VALIC, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value and contract value of these investments is \$5,924,172 and \$6,122,294 as of December 31, 2024 and 2023, respectively.

Notes receivable from participants also reflect party-in-interest transactions.

NOTE 9 – SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 24, 2025, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

SUPPLEMENTAL SCHEDULES

SAMFORD UNIVERSITY
 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year ended December 31, 2024

Plan Sponsor: Samford University
 Employer Identification Number: 63-0312914
 Plan Number: 002

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$2,189 *	\$41		

*Corrections were made in September 2025 to fully correct the late remittances

See independent auditor's report.

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	Samford University
Employer Identification Number:	63-0312914
Plan Number:	002

(a)	(b)	(c)	(d)	(e)
<u>(a)</u>	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	<u>Cost</u>	Current <u>Value</u>
<u>Mutual Funds</u>				
*	TIAA-CREF	Nuveen Lifecycle 2010 Retirement	\$	97,351
*	TIAA-CREF	Nuveen Lifecycle 2015 Retirement		468,683
*	TIAA-CREF	Nuveen Lifecycle 2020 Retirement		1,873,570
*	TIAA-CREF	Nuveen Lifecycle 2025 Retirement		1,990,317
*	TIAA-CREF	Nuveen Lifecycle 2030 Retirement		2,500,199
*	TIAA-CREF	Nuveen Lifecycle 2035 Retirement		3,066,601
*	TIAA-CREF	Nuveen Lifecycle 2040 Retirement		3,399,872
*	TIAA-CREF	Nuveen Lifecycle 2045-Retirement		776,340
*	TIAA-CREF	Nuveen Lifecycle 2050-Retirement		764,188
*	TIAA-CREF	Nuveen Lifecycle 2055-Retirement		644,026
*	TIAA-CREF	Nuveen Lifecycle 2060-Retirement		92,365
*	TIAA-CREF	Nuveen Lifecycle 2065-Retirement		19,609
*	TIAA-CREF	Nuveen Bond Index Retirement		308,389
*	TIAA-CREF	Nuveen International Equity Index		673,659
*	TIAA-CREF	Nuveen S&P 500 Index		2,265,659
*	TIAA-CREF	Nuveen Small Cap Blend Index		616,292
	American	American Funds Capital Income Build		394,678
	JP Morgan	JP Morgan Equity Income Select		732,330
	Vanguard	Vanguard Mid Cap Index		1,076,033
	Baird	Baird Aggregate Bond		427,456
	DFA	DFA International Value Portfolio Institutional		429,273
	DFA	DFA 5 Year Global Fixed Income Fund		51,499
	Baron	Baron Emerging Markets Fund Institutional		5,500
	Carillon Reams	Carillon Reams Core Plus Bond Fund Class I		420,294
	DFA	DFA Global Equity Institutional		885,098
	DFA	DFA 5 Year Global Fixed Income Fund		153,135
	DFA	DFA International Value I		576,765
*	Fidelity	Fidelity 500 Index		9,001,052
*	Fidelity	Fidelity 500 Index Institutional Premium		198,289
*	Fidelity	Fidelity Blue Chip Growth		67,660
*	Fidelity	Fidelity Blue Chip Value		21,739
*	Fidelity	Fidelity Contrafund		185,350
*	Fidelity	Fidelity Emerging Markets		15,160
*	Fidelity	Fidelity Four in One Index		43,091
*	Fidelity	Fidelity Freedom 2010 K6		196,457
*	Fidelity	Fidelity Freedom 2015 K6		925,712
*	Fidelity	Fidelity Freedom 2020 K6		2,114,399
*	Fidelity	Fidelity Freedom 2025 K6		5,139,742
*	Fidelity	Fidelity Freedom 2030 K6		6,459,198
*	Fidelity	Fidelity Freedom 2035 K6		5,944,673

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	Samford University
Employer Identification Number:	63-0312914
Plan Number:	002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fidelity Freedom 2040 K6	\$	5,720,341
*	Fidelity	Fidelity Freedom 2045 K6		3,318,266
*	Fidelity	Fidelity Freedom 2050 K6		3,462,339
*	Fidelity	Fidelity Freedom 2055 K6		2,670,391
*	Fidelity	Fidelity Freedom 2060 K6		625,756
*	Fidelity	Fidelity Freedom 2065 K6		111,798
*	Fidelity	Fidelity Freedom® Index 2010 Fund Institutional Premium Class		27,039
*	Fidelity	Fidelity Freedom® Index 2015 Fund Institutional Premium Class		136,201
*	Fidelity	Fidelity Freedom® Index 2020 Fund Institutional Premium Class		294,991
*	Fidelity	Fidelity Freedom® Index 2025 Fund Institutional Premium Class		644,036
*	Fidelity	Fidelity Freedom® Index 2030 Fund Institutional Premium Class		835,703
*	Fidelity	Fidelity Freedom® Index 2035 Fund Institutional Premium Class		887,952
*	Fidelity	Fidelity Freedom® Index 2040 Fund Institutional Premium Class		1,026,196
*	Fidelity	Fidelity Freedom® Index 2045 Fund Institutional Premium Class		651,705
*	Fidelity	Fidelity Freedom® Index 2050 Fund Institutional Premium Class		657,109
*	Fidelity	Fidelity Freedom® Index 2055 Fund Institutional Premium Class		567,378
*	Fidelity	Fidelity Freedom® Index 2060 Fund Institutional Premium Class		318,175
*	Fidelity	Fidelity Freedom® Index 2065 Fund Institutional Premium Class		121,421
*	Fidelity	Fidelity Freedom® Index 2070 Fund Institutional Premium Class		155
*	Fidelity	Fidelity Freedom® Index Income Fund Investor Class		927
*	Fidelity	Fidelity Freedom Income K6		1,996,788
*	Fidelity	Fidelity Global Ex US Index		966,168
*	Fidelity	Fidelity Growth & Income II		56,726
*	Fidelity	Fidelity Inflation-Protected Bond Index		648,969
*	Fidelity	Fidelity Inflation-Protected Bond Index Institutional Premium		54,306
*	Fidelity	Fidelity International Growth Fund		22,406
*	Fidelity	Fidelity International Index Institutional Premium		146,604
*	Fidelity	Fidelity International Small Cap		14,995
*	Fidelity	Fidelity Large Cap Growth Index Institutional Premium		29,277
*	Fidelity	Fidelity Large Cap Value Index Institutional Premium		43,229

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	Samford University
Employer Identification Number:	63-0312914
Plan Number:	002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fidelity Low Priced Stock	\$	38,537
*	Fidelity	Fidelity Mid Cap Index		929,520
*	Fidelity	Fidelity Mid Cap Stock		23,637
*	Fidelity	Fidelity OTC Portfolio		84,705
*	Fidelity	Fidelity Puritan Fund		243,638
*	Fidelity	Fidelity Select Biotechnology		11,022
*	Fidelity	Fidelity Select Energy		14,446
*	Fidelity	Fidelity Select Food & Agricultural		7,648
*	Fidelity	Fidelity Select Healthcare		29,536
*	Fidelity	Fidelity Select Retailing		15,660
*	Fidelity	Fidelity Short Term Treasury Bond Index Institutional		15,425
*	Fidelity	Fidelity Small Cap Index		896,894
*	Fidelity	Fidelity Small Cap Index Institutional Premium		30,233
*	Fidelity	Fidelity Small Cap Stock		6,161
*	Fidelity	Fidelity Small Cap Value		32,151
*	Fidelity	Fidelity Total Bond		8,953
*	Fidelity	Fidelity Total International Index Fund Institutional Premium		15,103
*	Fidelity	Fidelity Total Market Index Institutional Premium Class		304,148
*	Fidelity	Fidelity US Bond Index Fund		822,885
	JP Morgan	JP Morgan Equity Income R6		1,313,943
	JP Morgan	JP Morgan Income Builder R6		259,017
	JP Morgan	JP Morgan Core Bond Select Shares		49,687
	JP Morgan	JP Morgan Hedged Equity Select CI		39,130
	Riskpro	PFG BR Equity Esg Strategy Class R		1,784
	Riskpro	PFG Janus Henderson Balanced Strategy R		3,950
	Riskpro	PFG Sector Equity Business Cycle Strategy R		1,966
	Riskpro	PFG State Street Global Equity Index Strategy R		842
	Riskpro	PFG Tactical Income Strategy Class R		1,263
	PIMCO	PIMCO Income Fund Class A		7,881
	Riskpro	Riskpro Dynamic 0-10 Fund CI R		1,149
	Riskpro	Riskpro Dynamic 20-30 Fund CI R		3,076
	Riskpro	Riskpro PFG 0-15 Fd Class R		1,966
	Riskpro	Riskpro Tactical 0-30 Fund CI R		1,270
	Segall Bryant & Hamill	Segall Bryant & Hamill Plus Bond Fund Retail		47,588
				86,343,864

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: Samford University
Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
<u>Variable Annuities</u>				
*	CREF	CREF Money Market	\$	58,429
*	CREF	CREF Stock		7,493,513
*	CREF	CREF Equity Index		1,979,052
*	CREF	CREF Growth		3,810,528
*	CREF	CREF Social Choice		707,245
*	CREF	CREF Core Bond		544,017
*	CREF	CREF Global Equities R1		1,671,991
*	CREF	CREF Global Equities R4		864,129
*	CREF	CREF Inflation-Linked Bond R1		221,614
*	CREF	CREF Inflation-Linked Bond R4		115,320
*	TIAA	TIAA Real Estate		993,380
*	Valic	VALIC Aggressive Growth Lifestyle		20,034
*	Valic	VALIC Ariel Appreciation Fund		15,181
*	Valic	VALIC Ariel Fund		667
*	Valic	VALIC Core Bond Fund		9,928
*	Valic	VALIC Dividend Value		1,132,228
*	Valic	VALIC Emerging Economies		22,537
*	Valic	VALIC Global Real Estate Fund		8,332
*	Valic	VALIC Global Strategy		30,717
*	Valic	VALIC Government Securities Fund		6,065
*	Valic	VALIC Growth Fund		480,744
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*	Valic	VALIC International Growth I Fund		7,137
*	Valic	VALIC International Opportunities		27,398
*	Valic	VALIC International Value		12,932
*	Valic	VALIC International Socially Responsible Fund		1,652
*	Valic	VALIC Invesco Balance Risk Commodities Strategy I		1,700
*	Valic	VALIC Large Capital Growth		120,968
*	Valic	VALIC Mid Cap Index Fund		217,607
*	Valic	VALIC Mid Cap Strategic Growth		155,134
*	Valic	VALIC Mid Cap Value Fund		10,632
*	Valic	VALIC Moderate Growth Lifestyle		6,855
*	Valic	VALIC Nasdaq-100 Index Fund		319,945
*	Valic	VALIC Science & Technology Fund		460,154

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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Plan Sponsor:	Samford University
Employer Identification Number:	63-0312914
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*	Valic	VALIC Small Cap Growth Fund	\$	43,580
*	Valic	VALIC Small Cap Index Fund		58,309
*	Valic	VALIC Small Cap Special Value Fund		19,690
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*	Valic	VALIC Systematic Growth Fund		19,007
*	Valic	VALIC Systematic Value		5,403
*	Valic	VALIC Vanguard Long-Term Treasury		56,737
*	Valic	VALIC Vanguard Wellington Fund, Inc.		83,739
*	Valic	VALIC Vanguard Windsor II		226,976
*	Valic	VALIC VC I Capital Appreciation		1,745
				22,957,838
<u>Fixed Annuity Contract</u>				
*	TIAA-CREF	TIAA Traditional-Non Benefit Responsive		3,388,234
<u>Money Market Funds</u>				
*	Fidelity	Fidelity Cash Reserve		35,011
*	Fidelity	Fidelity Government Money Market External Fund		1,172,667
*	Valic	GS VIT GOV MONEY MKT FD INST		20,434
	Vanguard	Vanguard Federal Money Market Fund		148,375
				1,376,487
<u>Guaranteed Investment Contracts</u>				
*	TIAA	TIAA Traditional-Benefit Responsive		6,100,691
*	TIAA	TIAA Stable Value		676,716
*	VALIC	Valic Fixed Account Plus Fund		1,060,774
*	VALIC	Valic Short Term Fixed Account Fund		328,730
				8,166,911
<u>Loan Collateral Fund</u>				
*	VALIC	Loan Collateral Fund		811
*	VALIC	Loan Escrow Fund		14,803
				15,614
*	Notes Receivable from Participants-Fidelity	Interest at 4.25%-9.50%		95,395
*	Notes Receivable from Participants-TIAA	Interest at 4.25%-9.50%		121,941
				217,336
				\$ 122,466,284

See independent auditor's report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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).

2024

Department of Labor
Employee Benefits Security
Administration

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ___
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1968
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) Samford University 800 Lakeshore Drive Birmingham AL 35229-0001
2b Employer Identification Number (EIN) 63-0312914
2c Plan Sponsor's telephone number 205-726-4084
2d Business code (see instructions) 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 10/3/2025.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	2,015	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1,431	
a(2) Total number of active participants at the end of the plan year	6a(2)	1,596	
b Retired or separated participants receiving benefits	6b	0	
c Other retired or separated participants entitled to future benefits	6c	630	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2,226	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	8	
f Total. Add lines 6d and 6e	6f	2,234	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	1,553	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1,645	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	124	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

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

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

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

ATTACHMENT TO FORM 5500, SCHEDULE H LINE 4a

Name of Filer: **Samford University**

Tax Filer's identifying number: **63-0312914**

Plan Name: **Samford University 401(B) Salary Deferral and Defined Contribution Plan**

Plan Number: **002**

Plan Year End: **December 31, 2024**

Schedule H Line 4a Attachment:

Explanation:

On Schedule H Line 4(a) on the Form 5500, we indicate that there are \$2,230 in delinquent participant contributions that were not deposited within the maximum time period described in 29 CFR 2510.3-102. The late remittances were fully corrected in September 2025 with lost earnings calculated and deposited into participant accounts.

SAMFORD UNIVERSITY
 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year ended December 31, 2024

Plan Sponsor: Samford University
 Employer Identification Number: 63-0312914
 Plan Number: 002

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$2,189 *	\$41		

*Corrections were made in September 2025 to fully correct the late remittances

See independent auditor's report.

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor:	Samford University
Employer Identification Number:	63-0312914
Plan Number:	002

(a)	(b)	(c)	(d)	(e)
<u>(a)</u>	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	<u>Cost</u>	Current <u>Value</u>
<u>Mutual Funds</u>				
*	TIAA-CREF	Nuveen Lifecycle 2010 Retirement	\$	97,351
*	TIAA-CREF	Nuveen Lifecycle 2015 Retirement		468,683
*	TIAA-CREF	Nuveen Lifecycle 2020 Retirement		1,873,570
*	TIAA-CREF	Nuveen Lifecycle 2025 Retirement		1,990,317
*	TIAA-CREF	Nuveen Lifecycle 2030 Retirement		2,500,199
*	TIAA-CREF	Nuveen Lifecycle 2035 Retirement		3,066,601
*	TIAA-CREF	Nuveen Lifecycle 2040 Retirement		3,399,872
*	TIAA-CREF	Nuveen Lifecycle 2045-Retirement		776,340
*	TIAA-CREF	Nuveen Lifecycle 2050-Retirement		764,188
*	TIAA-CREF	Nuveen Lifecycle 2055-Retirement		644,026
*	TIAA-CREF	Nuveen Lifecycle 2060-Retirement		92,365
*	TIAA-CREF	Nuveen Lifecycle 2065-Retirement		19,609
*	TIAA-CREF	Nuveen Bond Index Retirement		308,389
*	TIAA-CREF	Nuveen International Equity Index		673,659
*	TIAA-CREF	Nuveen S&P 500 Index		2,265,659
*	TIAA-CREF	Nuveen Small Cap Blend Index		616,292
	American	American Funds Capital Income Build		394,678
	JP Morgan	JP Morgan Equity Income Select		732,330
	Vanguard	Vanguard Mid Cap Index		1,076,033
	Baird	Baird Aggregate Bond		427,456
	DFA	DFA International Value Portfolio Institutional		429,273
	DFA	DFA 5 Year Global Fixed Income Fund		51,499
	Baron	Baron Emerging Markets Fund Institutional		5,500
	Carillon Reams	Carillon Reams Core Plus Bond Fund Class I		420,294
	DFA	DFA Global Equity Institutional		885,098
	DFA	DFA 5 Year Global Fixed Income Fund		153,135
	DFA	DFA International Value I		576,765
*	Fidelity	Fidelity 500 Index		9,001,052
*	Fidelity	Fidelity 500 Index Institutional Premium		198,289
*	Fidelity	Fidelity Blue Chip Growth		67,660
*	Fidelity	Fidelity Blue Chip Value		21,739
*	Fidelity	Fidelity Contrafund		185,350
*	Fidelity	Fidelity Emerging Markets		15,160
*	Fidelity	Fidelity Four in One Index		43,091
*	Fidelity	Fidelity Freedom 2010 K6		196,457
*	Fidelity	Fidelity Freedom 2015 K6		925,712
*	Fidelity	Fidelity Freedom 2020 K6		2,114,399
*	Fidelity	Fidelity Freedom 2025 K6		5,139,742
*	Fidelity	Fidelity Freedom 2030 K6		6,459,198
*	Fidelity	Fidelity Freedom 2035 K6		5,944,673

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: Samford University
Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fidelity Freedom 2040 K6	\$	5,720,341
*	Fidelity	Fidelity Freedom 2045 K6		3,318,266
*	Fidelity	Fidelity Freedom 2050 K6		3,462,339
*	Fidelity	Fidelity Freedom 2055 K6		2,670,391
*	Fidelity	Fidelity Freedom 2060 K6		625,756
*	Fidelity	Fidelity Freedom 2065 K6		111,798
*	Fidelity	Fidelity Freedom® Index 2010 Fund Institutional Premium Class		27,039
*	Fidelity	Fidelity Freedom® Index 2015 Fund Institutional Premium Class		136,201
*	Fidelity	Fidelity Freedom® Index 2020 Fund Institutional Premium Class		294,991
*	Fidelity	Fidelity Freedom® Index 2025 Fund Institutional Premium Class		644,036
*	Fidelity	Fidelity Freedom® Index 2030 Fund Institutional Premium Class		835,703
*	Fidelity	Fidelity Freedom® Index 2035 Fund Institutional Premium Class		887,952
*	Fidelity	Fidelity Freedom® Index 2040 Fund Institutional Premium Class		1,026,196
*	Fidelity	Fidelity Freedom® Index 2045 Fund Institutional Premium Class		651,705
*	Fidelity	Fidelity Freedom® Index 2050 Fund Institutional Premium Class		657,109
*	Fidelity	Fidelity Freedom® Index 2055 Fund Institutional Premium Class		567,378
*	Fidelity	Fidelity Freedom® Index 2060 Fund Institutional Premium Class		318,175
*	Fidelity	Fidelity Freedom® Index 2065 Fund Institutional Premium Class		121,421
*	Fidelity	Fidelity Freedom® Index 2070 Fund Institutional Premium Class		155
*	Fidelity	Fidelity Freedom® Index Income Fund Investor Class		927
*	Fidelity	Fidelity Freedom Income K6		1,996,788
*	Fidelity	Fidelity Global Ex US Index		966,168
*	Fidelity	Fidelity Growth & Income II		56,726
*	Fidelity	Fidelity Inflation-Protected Bond Index		648,969
*	Fidelity	Fidelity Inflation-Protected Bond Index Institutional Premium		54,306
*	Fidelity	Fidelity International Growth Fund		22,406
*	Fidelity	Fidelity International Index Institutional Premium		146,604
*	Fidelity	Fidelity International Small Cap		14,995
*	Fidelity	Fidelity Large Cap Growth Index Institutional Premium		29,277
*	Fidelity	Fidelity Large Cap Value Index Institutional Premium		43,229

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

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(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fidelity Low Priced Stock	\$	38,537
*	Fidelity	Fidelity Mid Cap Index		929,520
*	Fidelity	Fidelity Mid Cap Stock		23,637
*	Fidelity	Fidelity OTC Portfolio		84,705
*	Fidelity	Fidelity Puritan Fund		243,638
*	Fidelity	Fidelity Select Biotechnology		11,022
*	Fidelity	Fidelity Select Energy		14,446
*	Fidelity	Fidelity Select Food & Agricultural		7,648
*	Fidelity	Fidelity Select Healthcare		29,536
*	Fidelity	Fidelity Select Retailing		15,660
*	Fidelity	Fidelity Short Term Treasury Bond Index Institutional		15,425
*	Fidelity	Fidelity Small Cap Index		896,894
*	Fidelity	Fidelity Small Cap Index Institutional Premium		30,233
*	Fidelity	Fidelity Small Cap Stock		6,161
*	Fidelity	Fidelity Small Cap Value		32,151
*	Fidelity	Fidelity Total Bond		8,953
*	Fidelity	Fidelity Total International Index Fund Institutional Premium		15,103
*	Fidelity	Fidelity Total Market Index Institutional Premium Class		304,148
*	Fidelity	Fidelity US Bond Index Fund		822,885
	JP Morgan	JP Morgan Equity Income R6		1,313,943
	JP Morgan	JP Morgan Income Builder R6		259,017
	JP Morgan	JP Morgan Core Bond Select Shares		49,687
	JP Morgan	JP Morgan Hedged Equity Select CI		39,130
	Riskpro	PFG BR Equity Esg Strategy Class R		1,784
	Riskpro	PFG Janus Henderson Balanced Strategy R		3,950
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	Riskpro	PFG Tactical Income Strategy Class R		1,263
	PIMCO	PIMCO Income Fund Class A		7,881
	Riskpro	Riskpro Dynamic 0-10 Fund CI R		1,149
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	Segall Bryant & Hamill	Segall Bryant & Hamill Plus Bond Fund Retail		47,588
				86,343,864

(Continued)

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*	CREF	CREF Inflation-Linked Bond R4		115,320
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*	Valic	VALIC Growth Fund		480,744
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*	Valic	VALIC International Opportunities		27,398
*	Valic	VALIC International Value		12,932
*	Valic	VALIC International Socially Responsible Fund		1,652
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*	Valic	VALIC Mid Cap Value Fund		10,632
*	Valic	VALIC Moderate Growth Lifestyle		6,855
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*	Valic	VALIC Science & Technology Fund		460,154

(Continued)

SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

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*	Valic	VALIC Stock Index Fund		656,722
*	Valic	VALIC Systematic Core Fund		117,105
*	Valic	VALIC Systematic Growth Fund		19,007
*	Valic	VALIC Systematic Value		5,403
*	Valic	VALIC Vanguard Long-Term Treasury		56,737
*	Valic	VALIC Vanguard Wellington Fund, Inc.		83,739
*	Valic	VALIC Vanguard Windsor II		226,976
*	Valic	VALIC VC I Capital Appreciation		1,745
				22,957,838
<u>Fixed Annuity Contract</u>				
*	TIAA-CREF	TIAA Traditional-Non Benefit Responsive		3,388,234
<u>Money Market Funds</u>				
*	Fidelity	Fidelity Cash Reserve		35,011
*	Fidelity	Fidelity Government Money Market External Fund		1,172,667
*	Valic	GS VIT GOV MONEY MKT FD INST		20,434
	Vanguard	Vanguard Federal Money Market Fund		148,375
				1,376,487
<u>Guaranteed Investment Contracts</u>				
*	TIAA	TIAA Traditional-Benefit Responsive		6,100,691
*	TIAA	TIAA Stable Value		676,716
*	VALIC	Valic Fixed Account Plus Fund		1,060,774
*	VALIC	Valic Short Term Fixed Account Fund		328,730
				8,166,911
<u>Loan Collateral Fund</u>				
*	VALIC	Loan Collateral Fund		811
*	VALIC	Loan Escrow Fund		14,803
				15,614
*	Notes Receivable from Participants-Fidelity	Interest at 4.25%-9.50%		95,395
*	Notes Receivable from Participants-TIAA	Interest at 4.25%-9.50%		121,941
				217,336
				\$ 122,466,284

See independent auditor's report.