

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MOREHOUSE SCHOOL OF MEDICINE</u></p> <p><u>720 WESTVIEW DRIVE, S.W.,</u> <u>ATLANTA, GA 30310-1458</u></p>	<p>1c Effective date of plan <u>08/01/1981</u></p> <p>2b Employer Identification Number (EIN) <u>58-1438873</u></p> <p>2c Plan Sponsor's telephone number <u>404-752-1600</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	TREVOR ARMSTRONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	TREVOR ARMSTRONG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	3711
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)	1471
	6a(2)	1609
	6b	
	6c	
	6d	1609
	6e	
	6f	1609
	6g(1)	872
6g(2)	1567	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2M 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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 MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MOREHOUSE SCHOOL OF MEDICINE</p>	<p>D Employer Identification Number (EIN) 58-1438873</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
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	101790		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	41850374
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	41850374
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	41850374

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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. ▶

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

JOYCE KRINSKY 2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

JENNIFER HUNT 2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

THOMAS O'BRIEN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

BROWN, THIESMAN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88			3

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

CLIFFARD ENGLAND JR. 2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

JEFFREY HUGHES

2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

BAYAR HAMID

2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

MICHAEL ANDERSON

2929 ALLEN PKWY
HOUSTON, TX 77019

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	147326
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	214352

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	144439
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c Additions: (1) Contributions deposited during the year	7c(1)	0
	7c(2)	
	7c(3)	2887
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	2887
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d Total of balance and additions (add lines 7b and 7c(6))	7d	147326
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	0
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	147326
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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 MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MOREHOUSE SCHOOL OF MEDICINE</p>	<p>D Employer Identification Number (EIN) 58-1438873</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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	517-80147		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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	2009270
c Additions: (1) Contributions deposited during the year	7c(1)	245462
	7c(2)	417
	7c(3)	51828
	7c(4)	0
	7c(5)	21334
(6) Total additions	7c(6)	319041
d Total of balance and additions (add lines 7b and 7c(6))	7d	2328311
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	363836
	7e(2)	433
	7e(3)	0
	7e(4)	2351970
(5) Total deductions	7e(5)	2716239
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	-387928

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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. ▶

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

S. WILLIAMS JR.

1100 POYDRAS STREET
 SUITE 2000
 NEW ORLEANS, LA 70163

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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. ▶

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information															
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.															
4	Current value of plan's interest under this contract in the general account at year end	48168														
5	Current value of plan's interest under this contract in separate accounts at year end.....	183415														
6	Contracts With Allocated Funds:															
a	State the basis of premium rates ▶															
b	Premiums paid to carrier	43844														
c	Premiums due but unpaid at the end of the year															
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 ▶															
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	43884														
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Contributions deposited during the year</td> <td style="width:20%; text-align: right;">0</td> <td rowspan="5" style="width:30%;"></td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: right;">1361</td> </tr> <tr> <td>(4) Transferred from separate account</td> <td style="text-align: right;">3322</td> </tr> <tr> <td>(5) Other (specify below)..... ▶</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">7c(6)</td> <td style="text-align: right;">4683</td> </tr> </table>	(1) Contributions deposited during the year	0		(2) Dividends and credits.....	0	(3) Interest credited during the year.....	1361	(4) Transferred from separate account	3322	(5) Other (specify below)..... ▶		7c(6)		4683	
(1) Contributions deposited during the year	0															
(2) Dividends and credits.....	0															
(3) Interest credited during the year.....	1361															
(4) Transferred from separate account	3322															
(5) Other (specify below)..... ▶																
7c(6)		4683														
d	Total of balance and additions (add lines 7b and 7c(6))	48567														
e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:20%; text-align: right;">229</td> <td rowspan="4" style="width:30%;"></td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td></td> </tr> <tr> <td>(3) Transferred to separate account</td> <td></td> </tr> <tr> <td>(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGE</td> <td style="text-align: right;">170</td> </tr> <tr> <td colspan="2" style="text-align: right;">7e(5)</td> <td style="text-align: right;">399</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	229		(2) Administration charge made by carrier.....		(3) Transferred to separate account		(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGE	170	7e(5)		399			
(1) Disbursed from fund to pay benefits or purchase annuities during year	229															
(2) Administration charge made by carrier.....																
(3) Transferred to separate account																
(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGE	170															
7e(5)		399														
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	48168														

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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 MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOREHOUSE SCHOOL OF MEDICINE	D Employer Identification Number (EIN) 58-1438873	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AXA EQUITABLE LIFE INSURANCE CO. **P.O. BOX 4956**
SYRACUSE, NY 13221

13-5570651

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

TIAA **730 THIRD AVENUE**
NEW YORK, NY 10017-3206

13-1624203

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

VARIABLE LIFE INSURANCE CO. **2829 ALLEN PARKWAY**
HOUSTON, TX 77019

74-1625348

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

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

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

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

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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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

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

ALLIANT INSURANCE SERVICES, INC.

101 PARK AVENUE
12 FLOOR
NEW YORK, NY 10178

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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.	OMB No. 1210-0110 <hr/> 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>MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MOREHOUSE SCHOOL OF MEDICINE</u>	D Employer Identification Number (EIN) <u>58-1438873</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2597321</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 MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOREHOUSE SCHOOL OF MEDICINE	D Employer Identification Number (EIN) 58-1438873

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	219509	257144
(2) Participant contributions	1b(2)	301246	314047
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2159188	2231776
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1984202	2536629
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2891258	2597321
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	177007202	204797649
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	46528858	47433400
(15) Other	1c(15)		

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	231091463	260167966
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	91100	87416
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	91100	87416
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	231000363	260080550

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)	7189513	
(B) Participants.....	2a(1)(B)	8430108	
(C) Others (including rollovers).....	2a(1)(C)	825442	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16445063
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	140407	
(F) Other.....	2b(1)(F)	1538	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		141945
(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)	150059	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		150059
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26978602
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		43715669

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14531555	
(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)		14531555
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)	103927	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		103927
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14635482

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29080187
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>MOREHOUSE SCHOOL OF MEDICINE 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOREHOUSE SCHOOL OF MEDICINE</u>	D Employer Identification Number (EIN) <u>58-1438873</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-1624203 74-1625348

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500766A.




Morehouse School of Medicine 403(b) Plan

EIN 58-1438873 PN 001

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

December 31, 2024 and 2023



**Morehouse School of Medicine 403(b) Plan
Contents
December 31, 2024 and 2023**

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Independent Auditor's Report

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

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

We have performed audits of the financial statements of Morehouse School of Medicine 403(b) Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 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 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

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

Responsibilities of Management

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

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

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

Auditor's Responsibilities

Our responsibility is to conduct an audit of Morehouse School of Medicine 403(b) Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

Other Matter – Supplemental Schedule Required by ERISA

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

Forvis Mazars, LLP

**Atlanta, Georgia
October 10, 2025**

Federal Employer Identification Number: 44-0160260

**Morehouse School of Medicine 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Investments at fair value	\$ 247,321,724	\$ 219,510,876
Investments at contract value	<u>9,781,568</u>	<u>9,142,175</u>
Total Investments	<u>257,103,292</u>	<u>228,653,051</u>
Receivables		
Participant contributions	314,047	301,246
Employer contributions	257,144	219,509
Notes receivable from participants	<u>2,493,483</u>	<u>1,917,655</u>
Total Receivables	<u>3,064,674</u>	<u>2,438,410</u>
Total Assets	<u>260,167,966</u>	<u>231,091,461</u>
LIABILITIES		
Loan default collateral payable	<u>87,416</u>	<u>91,100</u>
Total Liabilities	<u>87,416</u>	<u>91,100</u>
Net Assets Available for Benefits	<u><u>\$ 260,080,550</u></u>	<u><u>\$ 231,000,361</u></u>

**Morehouse School of Medicine 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions to Net Assets Attributed to	
Investment Income	
Net appreciation in fair value of investments	\$ 25,163,083
Interest and dividends	1,967,116
	<hr/>
Total Investment Income	27,130,199
	<hr/>
Interest Income on Notes Receivable from Participants	140,407
	<hr/>
Contributions	
Participant	8,430,108
Employer	7,189,513
Rollovers	825,442
	<hr/>
Total Contributions	16,445,063
	<hr/>
Total Additions	43,715,669
	<hr/>
Deductions from Net Assets Attributed to	
Benefits paid to participants	14,531,555
Administrative expenses	103,925
	<hr/>
Total Deductions	14,635,480
	<hr/>
Net Change	29,080,189
	<hr/>
Net Assets Available for Benefits, Beginning of year	231,000,361
	<hr/>
Net Assets Available for Benefits, End of Year	\$ 260,080,550
	<hr/> <hr/>

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 1. Description of Plan

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

General

The Organization established the Plan on August 1, 1981 to provide employees with a systematic means of saving and investing for the future. All permissible employees of the Organization, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Organization excludes employees who normally work less than 18.75 hours per week on a 37.5-hour workweek and those that normally work less than 20.0 hours per week on a 40.0-hour workweek from participating in the Plan unless the employee worked 1,000 hours or more during the preceding 12-month period or Plan year. Deferrals begin on the first day of the month after enrollment and may change at any time. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Each year, participants may contribute compensation, as defined in the Plan document, subject to Internal Revenue Code (“IRC”) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Aggregate limits as prescribed by the Internal Revenue Service (“IRS”) were \$23,000 for participants under the age of 50, and \$30,500 for participants age 50 and older in 2024. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. Participants may also elect a special 403(b) catch-up contribution for employees with at least 15 years of service because the Employer is a qualified organization.

The Plan features an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Participants are automatically enrolled with 3% pre-tax 403(b) deferrals to a designated fund. The Employer, at its sole discretion, makes a dollar-for-dollar match contribution of 100% up to 7% of eligible participant income to participant accounts. Effective January 1, 2024, the plan was amended to remove the service requirement for employer match contributions.

Investment Options

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

Participant Accounts

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

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Vesting

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

Payment of Benefits

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

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled approximately \$314,000 and \$272,000, respectively. These accounts will be used to reduce Employer contributions and then administrative expenses. During 2024, forfeitures of approximately \$32,000 were used to offset Employer contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts with Nationwide up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. At December 31, 2024, outstanding loans bore interest rates ranging from 4.25 to 9.50%. Principal and interest are paid ratably.

Loan Escrow and Collateral Funds

Prior to 2019, participants were able to borrow from VALIC and TIAA-CREF, a minimum of \$1,000, up to a lesser of a maximum \$50,000 or 50% of their vested account balance. These "policy loans" are secured by collateral in the amount of the loan, which is transferred from the participant account into a collateral fund. An additional amount equal to one quarter of interest plus all applicable surrender charges is transferred from the participant's account and held in escrow until the loan is repaid. All escrow and collateral funds are invested in group fixed annuity contracts (TIAA Traditional Annuity and the VALIC Fixed Account Plus) and bear interest at contractually guaranteed rates. Principal and interest are paid directly by the participants to VALIC and TIAA-CREF. In the case of default, the note and collateral are not foreclosed on until the occurrence of a distributable event.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Investment Valuation and Income Recognition

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

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

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

Excluded Contracts and Accounts

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

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

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

Excess Contributions Payable

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

Payment of Benefits

Benefits are recorded upon distribution.

Administrative Expenses

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

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

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

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of assets and liabilities recorded at fair value and their placement within the fair value hierarchy levels. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds

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

Pooled Separate Account

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

Non Benefit-Responsive Investment Contracts

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

Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value Measurements Using			
Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Group variable annuity contracts:				
Mutual funds	\$ 206,903,628	\$ 206,903,628	\$ -	\$ -
Group fixed annuity contracts:				
Non benefit-responsive investment Contracts	<u>37,820,775</u>	<u>-</u>	<u>-</u>	<u>37,820,775</u>
Total assets in the fair value hierarchy	244,724,403	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Investment measured at NAV ^(A)	<u>2,597,321</u>			
Investments at fair value	<u>\$ 247,321,724</u>			

	December 31, 2023			
	Fair Value Measurements Using			
Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Group variable annuity contracts:				
Mutual funds	\$ 179,166,389	\$ 179,166,389	\$ -	\$ -
Group fixed annuity contracts:				
Non benefit-responsive investment Contracts	<u>37,453,229</u>	<u>-</u>	<u>-</u>	<u>37,453,229</u>
Total assets in the fair value hierarchy	216,619,618	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Investment measured at NAV ^(A)	<u>2,891,258</u>			
Investments at fair value	<u>\$ 219,510,876</u>			

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

Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

	<u>Fair Value at December 31, 2024</u>	<u>Fair Value at December 31, 2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate account	\$ 2,597,321	\$ 2,891,258	None	Daily	None

Pooled separate accounts includes investments in the TIAA Real Estate Account. The investment seeks to generate favorable total returns primarily through the rental income and appreciation of a diversified portfolio of directly held, private real estate investments and real estate-related investments while offering investors guaranteed, daily liquidity.

Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2024 include purchases and sales of interest in the non-benefit responsive investment contracts of \$5,807,382 and \$6,675,522, respectively. There were no issuances and no transfers in and out of Level 3 assets for the year ended December 31, 2024

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

Note 4. Unaudited Information Certified by Qualified Institutions

The financial statements include the following unaudited information as of December 31, 2024 and 2023, and for the year ended December 31, 2024 that was obtained from data prepared and certified to be complete and accurate by the Plan's Qualified Institutions:

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits:		
Investments at fair value	\$ 247,321,724	\$ 219,510,876
Investments at contract value	9,781,568	9,142,175
Loan default collateral payable	87,416	91,100
Statement of changes in net assets available for benefits:		
Net appreciation in fair value of investments	\$ 25,163,083	
Interest and dividends	1,967,116	

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

Note 5. Fully Benefit-Responsive Investment Contract

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

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Traditional investment contract	\$ 9,781,568	\$ 9,142,175

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

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

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

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

Note 6. Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and investment contracts managed by the Qualified Institutions or affiliates of the Qualified Institutions and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid to the Qualified Institutions by the Plan for administrative services were \$103,925 for the year ended December 31, 2024.

Plan loans, distinguished from notes receivable, are offered by, and issued directly from funds owned by TIAA-CREF and VALIC and not directly from a participant's account. Accordingly, plan loans are not assets of the Plan. Adequate security is required; a portion of the participant's account is held in collateral to cover the outstanding loan in case of default. Interest for these plan loans is paid directly to TIAA-CREF and VALIC. At December 31, 2024 and 2023, outstanding plan loans of approximately \$35,000 and \$153,000 were collateralized by Plan assets of approximately \$43,000 and \$67,000, respectively. At December 31, 2024, active plan loans bore interest rates ranging from 5.25% to 5.56%. These funds are presented within the group fixed annuity contracts.

**Morehouse School of Medicine 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 7. Plan Termination

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

Note 8. Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The Plan has not applied for an IRS determination letter as the IRS has only recently begun providing that service to individually designed 403(b) plans. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements. U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risk and Uncertainties

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

Supplemental Schedule

Morehouse School of Medicine 403(b) Plan

EIN: 58-1438873 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value 2024
	Group Variable Annuity Account			
	Mutual Funds			
	AB Global	AB Global Bond I	\$	11,030
	AB Global	AB Global Bond Fund - Class Z		778,901
	American Beacon	American Beacon International Equity Fund		59,247
	Allianz Global Investors	AllianzGI Technology Fund		57,078
	Allspring	Allspr Divrs Cap Bldr Inst		705
	Allspring	Allspr Prec Mtls Inst		573
	Amana Mutual Funds Trust	Amana Growth Fund		542,120
	Amana Mutual Funds Trust	Amana Income Fund		218,466
	Amana Mutual Funds Trust	Amana Developing World Fund		170,565
	American Beacon	Ambcn Intl Eq R5		495
	American Funds	American Funds New Perspective Fund		526,041
	American Funds	American Funds EuroPacific Growth Fund		192,306
	American Funds	American Funds Growth Fund of America R6		754
	AMG	AMGMgrs Ycktmn Focs I		602
	AQR	AQR Lng Shrt Eq I		852
	Avantis	Avantis US Large Cap Value Fund		1,487,593
	Avantis	Avantis Emerging Markets Equity Fund - Instl Class		1,225,712
	Avantis	Avantis U.S. Small Cap Value Instl Fund		423,746
	Baron Fifth Avenue	Baron Fifth Avenue Growth Fund Institutional Class		427,909
	BlackRock	Blkrk Hi Yld Bd Port K		1,425,579
	BlackRock	Blkrk Ttl Rtn K		1,589,762
	BlackRock	Blkrk Strat Inc Oppr I		21,744
	BlackRock	Blkrk Mdcap Gr Eq Inst		7,311
	BlackRock	Blkrk 20/80 Trgtalloc K		6,985
	Columbia	Col Sel LgCap Gr Inst2		63,867
	DFA	DFA Emrg Mkt Cor Eq Inst		69,465
	DFA	DFA Infl Prtct Sec Inst		276,933
	DFA	DFA US LgCap Val Inst		87,862
	DFA	DFA US Trgt Val Inst		43,515
	DFA	DFA Gbl RealEst Sec Inst		2,768
	Diamond Hill Capital	Diamond Hill Mid Cap I		767,002
	Dodge & Cox	Dodge & Cox International Stock		1,704,185
	DoubleLine	Dblne Ttl Rtn Bd N		213,270
*	Equitable	AXA Moderate Allocation		1,251,986
*	Equitable	Multimanager Technology		279,290
*	Equitable	AXA Lg Cap Val Managed Vol		425,688
*	Equitable	AXA Lg Cap Grw Managed Vol		569,903
*	Equitable	AXA Mid Cap Val Managed Vol		342,974
*	Equitable	AXA Moderate-Plus Allocation		116,159
*	Equitable	AXA Aggressive Allocation		248,917
*	Equitable	EQ/GAMCO Small Company Value		169,223
*	Equitable	Charter Multi-Sector Bond		103,493
*	Equitable	EQ/Equity 500 Index		1,729
*	Equitable	EQ/International Equity Index		98,746
*	Equitable	AXA/Horizon Small Cap Value		88,035

Morehouse School of Medicine 403(b) Plan

EIN: 58-1438873 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value 2024
*	Equitable	EQ/Large Cap Growth Value Index		43,852
*	Equitable	AXA Glb Eqty Managed Vol		84,952
*	Equitable	EQ/Mid Cap Index		62,142
*	Equitable	AXA Balanced Strategy		56,655
*	Equitable	EQ/Core Bond Index		3,859
*	Equitable	Multimanager Core Bond		5,141
*	Equitable	Target 2055 Allocation		2,342
*	Equitable	EQ/Com Stock Index		2,411
*	Equitable	Target 2035 Allocation		1,409
*	Equitable	EQ Conservative Growth MF/ETF		18
	Federated Investors, Inc.	Government Obligations Fund		641,859
	Fidelity	Fidelity 500 Index		2,727,849
	Fidelity	Fidelity U.S. Bond Index Fund		3,197,863
	Fidelity	Fidelity International Index Fund		1,615,346
	Fidelity	Fidelity Total Market Index Fund		48,198
	Fidelity	Fid MdCap Indx		810,029
	Fidelity	Fidelity Advisor Asset Manager 30% Fund Class I		7,409
	Fidelity Advisor	Fidelity Advisor Stock Selector Mid Cap Fund		429,911
	Fidelity Advisor	Fidelity Advisor Large Cap Fund Class I		114,478
	Fidelity Advisor	Fidelity Advisor Energy Fund Class I		23,382
	Fidelity Advisor	Fidelity Advisory Small Cap Value Fund Class I		700
	Fidelity Advisor	Fidelity Advisor Value Fund		379
	Franklin	Franklin DynaTech Fund		2,934
	Franklin	Franklin Small MidCap Growth A		2,095
	Franklin	Franklin Growth Fund		2,207
	Franklin	Franklin Biotechnology Discovery Fund		1,559
	Franklin	Franklin Mutual Shares Fund		3,475
	Goldman Sachs	Goldman Sachs GQG Partners Intl Oppr Fund Class R6		1,686,820
	Guggenheim	Guggenheim Multi-Hedge Strategies Fund Class I		35,924
	Harbor Funds	Harbor Capital Appreciation Fund Institutional Class		455,747
	Harbor Funds	Harbor International Growth Fund		-
	Invesco	Invesco Global Health CareFund		2,225
	Invesco	Invesco Energy Fund R5		28,613
	Invesco	Invesco V.I. Mid Cap Core Eqty		12,497
	Invesco	Invesco Global Allocation Fund		2,153
	Invesco	Bal Risk Commod Str		156
	Ivy Funds VIP	Ivy Funds VIP High Income		4,450
	JP Morgan	JPMorgan Equity Income Fund		1,441,306
	JP Morgan	JPMorgan Large Cap Growth Fund Class R6		1,400,082
	Lord Abbett	Lord Abbett Floating Rate Fund		14,334
	MFS	EQ/MFS International Value		6,039
	MFS	EQ/MFS Utilities Series		2,667
	MFS	MFS MdCap Gr R6		766,986
	Mttws	Mttws China Inv		-
*	Nationwide	Nationwide Loomis All Cap Growth Fund		1,605,754
*	Nationwide	Nationwide International Index Fund		29,620

Morehouse School of Medicine 403(b) Plan

EIN: 58-1438873 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value 2024
	PGIM	PGIM Ttl Rtn Bd R6		2,510,365
	PIMCO	PIMCO Real Return Fund		1,641,077
	PIMCO	PIMCO Commodity Real Return Strategy Fund		4,560
	PIMCO	PIMCO EmrgMktLclCrmBd		8,426
	Principal	Principal Global Real Estate Securities Fund R6		776,988
	Principal	Principal Real Estate Securities Fund		14,552
	Prudential	Prudential Jennison Natural Resources R6		105,055
	Invesco	Invesco S&P 500 Index A		2,860
	Pershing LLC	Pershing LLC Dreyfus Govt Cash Management Srv SH		9
	Prudential	Prudential Large Cap Core Equity Fund		26,672
	Prudential	Prudential Jennison Equity Income Fund		10,591
	Prudential	Prudential Jennison Diversified Growth Fund		15,306
	Prudential	Prudential Jennison Mid Cap Growth Fund		6,415
	Prudential	Prudential International Equity Fund		1,996
	Prudential	Prudential Mid Cap Value Fund		1,574
	Prudential	Prudential Small Cap Value Fund		1,439
	Prudential	Prudential High Yield Fund		1,115
	Prudential	Prudential Jennison Small Company Fund		1,133
	Prudential	Prudential MoneyMart Assets Inc		4
	Prudential	Prudential Total Return Bond A		1,270
	Putnam	Putnam Sustainable Future A		4,036
	T Rowe Price	T. Rowe Price Financial Services Fund		5,670
	The Vanguard Group	Vanguard 500 Index Fund		4,437,273
	The Vanguard Group	Vanguard Extended Market Index Fund		457
	The Vanguard Group	Vanguard Small-Cap Growth Index Fund		868,527
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares		19,469
	The Vanguard Group	Vanguard Intermediate-Term Bond Index Fund		966,111
	The Vanguard Group	Vanguard Total Stock Market Index Fund		702,195
	The Vanguard Group	Vanguard Explorer Fund		465,958
	The Vanguard Group	Vanguard Small-Cap Index Fund		706,807
	The Vanguard Group	Vanguard Mid-Cap Value Index Fund		692,148
	The Vanguard Group	Vanguard Information Technology Index Fund		179,796
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund		285,074
	The Vanguard Group	Vanguard Total International Stock Index Fund		167,717
	The Vanguard Group	Vanguard Small Cap Value Index Fund		249,186
	The Vanguard Group	Vanguard Short-Term Bond Index Fund		148,729
	The Vanguard Group	Vanguard Windsor II		109,446
	The Vanguard Group	Vanguard High-Yield Corporate Fund		102,657
	The Vanguard Group	Vanguard Total Bond Market Index Fund		168,118
	The Vanguard Group	Vanguard Real Estate Index Fund		61,223
	The Vanguard Group	Vanguard LT INV-Grade Fund		40,950
	The Vanguard Group	Vanguard Mid-Cap Growth Index Fund		57,080
	The Vanguard Group	Vanguard Long-Term Treasury		34,956
	The Vanguard Group	Vanguard Value Index Fund		44,660
	The Vanguard Group	Vanguard Large-Cap Index Fund Admiral		38,130
	The Vanguard Group	Vanguard Dividend Appreciation Index Fund		37,307

Morehouse School of Medicine 403(b) Plan

EIN: 58-1438873 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value 2024
	The Vanguard Group	Vanguard Wellington Fund, Inc.		16,953
	The Vanguard Group	Vanguard Equity-Income Fund		18,821
	The Vanguard Group	Vanguard Target Retirement Income Fund		9,438
	The Vanguard Group	Vanguard Developing Market Index Admiral		15,556
	The Vanguard Group	Vanguard Energy Index Fund Admiral Shares		23,800
	The Vanguard Group	Vanguard Financials Index Fund Admiral Shares		801
	The Vanguard Group	Vanguard Commodity Strategy Fund Admiral Shares		342
*	TIAA-CREF	CREF Stock		25,306,717
*	TIAA-CREF	TIAA-CREF Lifecycle 2025-Rtmt		11,842,954
*	TIAA-CREF	TIAA-CREF Lifecycle 2040-Rtmt		12,554,032
*	TIAA-CREF	TIAA-CREF Lifecycle 2030-Rtmt		11,341,517
*	TIAA-CREF	CREF Growth		11,842,012
*	TIAA-CREF	CREF Global Equities		10,116,704
*	TIAA-CREF	TIAA-CREF Lifecycle 2020-Rtmt		6,832,426
*	TIAA-CREF	TIAA-CREF Lifecycle 2035-Rtmt		10,630,270
*	TIAA-CREF	TIAA-CREF Lifecycle 2015-Rtmt		6,425,555
*	TIAA-CREF	TIAA-CREF Lifecycle 2045-Rtmt		8,554,408
*	TIAA-CREF	CREF Social Choice		6,989,487
*	TIAA-CREF	CREF Equity Index		5,120,797
*	TIAA-CREF	CREF Bond Market		4,032,546
*	TIAA-CREF	TIAA-CREF Lifecycle 2050-Rtmt		4,898,659
*	TIAA-CREF	CREF Money Market		2,231,772
*	TIAA-CREF	TIAA-CREF Lg-Cap Growth Idx-Rtmt		3,845,620
*	TIAA-CREF	CREF Inflation-Linked Bond		1,886,389
*	TIAA-CREF	TIAA-CREF Lifecycle 2055-Rtmt		4,077,134
*	TIAA-CREF	TIAA-CREF Lifecycle 2010-Rtmt		2,527,961
*	TIAA-CREF	TIAA-CREF Lfcyle Idx Rtmt Inc-Rtmt		1,072,905
*	TIAA-CREF	TIAA-CREF Lifecycle 2060-Rtmt		1,719,082
*	TIAA-CREF	TIAA-CREF Lg-Cap Val Idx-Rtmt		797,077
*	TIAA-CREF	TIAA-CREF Real Estate Securities		45,465
*	TIAA-CREF	TIAA-CREF Lifecycle 2065-Rtmt		151,184
*	TIAA-CREF	Nuveen Mid Cap Value Fund Class I		361
*	TIAA-CREF	Nuveen Small Cap Value Fund Class I		348
*	TIAA-CREF	Nuveen Small Cap Select Fund Class I		331
*	VALIC	Science & Technology Fund		434,628
*	VALIC	Stock Index Fund		282,094
*	VALIC	Systematic Core Fund		158,145
*	VALIC	Systematic Growth Fund		1,129
*	VALIC	Growth Fund		206,188
*	VALIC	Mid Cap Index Fund		113,059
*	VALIC	Large Capital Growth		122,770
*	VALIC	International Growth Fund		78,350
*	VALIC	International Socially Responsible Fund		79,117
*	VALIC	Emerging Economies		75,914
*	VALIC	Small Cap Growth Fund		42,829
*	VALIC	Core Bond Fund		56,636

Morehouse School of Medicine 403(b) Plan
EIN: 58-1438873 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost**	(e) Current Value 2024
*	VALIC	Mid Cap Value Fund		57,745
*	VALIC	International Value Fund		49,210
*	VALIC	Global Strategy		45,433
*	VALIC	Small Cap Special Value Fund		41,706
*	VALIC	Inflation Protection Fund		32,044
*	VALIC	Small Cap Value Fund		27,708
*	VALIC	High Yield Bond Fund		22,551
*	VALIC	Ariel Fund		18,858
*	VALIC	Ariel Appreciation Fund		16,442
*	VALIC	Mid Cap Strategic Growth		2,072
*	VALIC	GS VIT GOV Money Mkt Fund Inst		9,694
*	VALIC	US Socially Responsible Fund		4,742
*	VALIC	Dividend Value		3,506
*	VALIC	INTL Opportunities		2,937
*	VALIC	International Equities Fund		2,771
*	VALIC	Systematic Value		2,020
*	VALIC	Small Cap Index Fund		1,687
*	VALIC	Global Real Estate Fund		893
*	VALIC	International Government Bond		11
*	VALIC	VC I Capital Appreciation		155
*	VALIC	NASDAQ-100(R) Index Fund		942
	Legal & General Investment Manager	Legal & General Commodity Strategy Fund - Instl Shares		679,563
	Vaneck	Vaneck Global Resources Fund		86,655
Pooled Separate Account				
*	TIAA-CREF	TIAA Real Estate	\$	2,597,321
Group Fixed Annuity Contracts				
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	\$	32,531,963
*	TIAA-CREF	TIAA Traditional Benefit Responsive		9,781,568
*	VALIC	Fixed Account Plus		2,406,296
*	Nationwide	Fixed Account		2,319,714
*	AXA Equitable	Guaranteed Interest Account		253,944
*	TIAA-CREF	Plan Loan Default Fund		87,416
*	VALIC	Loan Escrow and Collateral Fund		43,146
*	VALIC	Short Term Fixed Account		178,296
Participant Loans***				
*	Nationwide	4.25% to 9.50% with maturities through 2030	\$	2,485,274
*	AXA Equitable	4.73% with maturity through 2026		8,209
				\$ 259,596,775

* Party-in-interest

** Cost information omitted for participant-directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

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.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

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

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

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

special extension (enter description)

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

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

<p>1a Name of plan Morehouse School of Medicine 403(b) Plan</p>	<p>1b Three-digit plan number (PN) ► 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)</p> <p>Morehouse School of Medicine</p> <p>720 Westview Drive, S.W.,</p> <p>US Atlanta GA 30310-1458</p>	<p>1c Effective date of plan 08/01/1981</p> <p>2b Employer Identification Number (EIN) 58-1438873</p> <p>2c Plan Sponsor's telephone number (404) 752-1600</p> <p>2d Business code (see instructions) 611000</p>

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

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

SIGN HERE	<i>Trevor Armstrong</i>	10/01/2025	Trevor Armstrong
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Trevor Armstrong</i>	10/01/2025	Trevor Armstrong
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	3,711
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)	1,471
a(2) Total number of active participants at the end of the plan year	6a(2)	1,609
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,609
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	1,609
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)	872
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)	1,567
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7
--	----------

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2M 3D

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 5

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Morehouse School of Medicine 403(b) Plan

Employer Identification Number

58-1438873

Three-digit
plan number

▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	NATIONWIDE	TIAACRF LfCycInd 2025 Inst		11,842,954
*	NATIONWIDE	TIAACRF LfCycInd 2040 Inst		12,554,032
*	NATIONWIDE	TIAACRF LfCycInd 2030 Inst		11,341,517
*	NATIONWIDE	TIAACRF LfCycInd 2035 Inst		10,630,270
*	NATIONWIDE	TIAACRF LfCycInd 2045 Inst		8,554,408
*	NATIONWIDE	TIAACRF LfCycInd 2020 Inst		6,832,426
*	NATIONWIDE	TIAACRF LfCycInd 2015 Inst		6,425,555
*	NATIONWIDE	TIAACRF LfCycInd 2050 Inst		4,898,659
*	NATIONWIDE	TIAACRF LfCycInd 2055 Inst		4,077,134
*	NATIONWIDE	TIAACRF LgCap Gr Indx Inst		3,845,620
*	NATIONWIDE	TIAACRF LfCycInd 2010 Inst		2,527,961
*	NATIONWIDE	TIAACRF LfCycInd 2060 Inst		1,719,082
*	NATIONWIDE	TIAA-CREF Lfcycle Idx Rtmt Inc-		1,072,905
*	NATIONWIDE	TIAA-CREF Lg-Cap Val Idx-Rtmt		797,077
*	NATIONWIDE	TIAA-CREF Real Estate Securiti		45,465
*	NATIONWIDE	TIAA-CREF Lifecycle 2065-Rtmt		151,184
*	NATIONWIDE	Nuveen Mid Cap Value Fund Clas		361
*	NATIONWIDE	Nuveen Small Cap Value Fund Cl		348
*	NATIONWIDE	Nuveen Small Cap Select Fund C		331
*	NATIONWIDE	Legal & General Commodity Stra		679,563
*	NATIONWIDE	Vaneck Global Resources Fund		86,655
*	NATIONWIDE	Fixed Account		2,319,714
*	NATIONWIDE	4.25% to 9.50% MA THRU 2030		2,485,274
*	NATIONWIDE	AB Global Bond I		11,030
*	NATIONWIDE	AB Global Bond Fund - Class Z		778,901
*	NATIONWIDE	American Beacon International		59,247
*	NATIONWIDE	AllianzGI Technology Fund		57,078
*	NATIONWIDE	Allspr Divrs Cap Bldr Inst		705
*	NATIONWIDE	Allspr Prec Mtls Inst		573
*	NATIONWIDE	Amana Growth Fund		542,120
*	NATIONWIDE	Amana Income Fund		218,466
*	NATIONWIDE	Amana Developing World Fund		170,565
*	NATIONWIDE	Ambcn Intl Eq R5		495
*	NATIONWIDE	American Funds New Perspective		526,041
*	NATIONWIDE	American Funds EuroPacific Gro		192,306
*	NATIONWIDE	American Funds Growth Fund R6		754
*	NATIONWIDE	AMGMgrs Ycktmn Focs I		602
*	NATIONWIDE	AQR Lng Shrt Eq I		852
*	NATIONWIDE	Avantis US Large Cap Value Fun		1,487,593

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Morehouse School of Medicine 403(b) Plan

Employer Identification Number

58-1438873

Three-digit
plan number

▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	NATIONWIDE	PGIM Ttl Rtn Bd R6		2,510,365
*	NATIONWIDE	PIMCO Real Return Fund		1,641,077
*	NATIONWIDE	PIMCO Commodity Real Return St		4,560
*	NATIONWIDE	Principal Global Real Estate S		776,988
*	NATIONWIDE	Principal Real Estate Securiti		14,552
*	NATIONWIDE	Prudential Jennison Natural Re		105,055
*	NATIONWIDE	T. Rowe Price Financial Servic		5,670
*	NATIONWIDE	Vanguard 500 Index Fund		4,437,273
*	NATIONWIDE	Vanguard Extended Market Index		457
*	NATIONWIDE	Vanguard Small-Cap Growth Inde		868,527
*	NATIONWIDE	Vanguard Growth Index Fund Adm		19,469
*	NATIONWIDE	Vanguard Intermediate-Term Bon		966,111
*	NATIONWIDE	Vanguard Total Stock Market In		702,195
*	NATIONWIDE	Vanguard Explorer Fund		465,958
*	NATIONWIDE	Vanguard Small-Cap Index Fund		706,807
*	NATIONWIDE	Vanguard Mid-Cap Value Index F		692,148
*	NATIONWIDE	Vanguard Information Technolog		179,796
*	NATIONWIDE	Vanguard Emerging Markets Stoc		285,074
*	NATIONWIDE	Vanguard Total International S		167,717
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*	NATIONWIDE	Vanguard Short-Term Bond Index		148,729
*	NATIONWIDE	Vanguard High-Yield Corporate		102,657
*	NATIONWIDE	Vanguard Total Bond Market Ind		168,118
*	NATIONWIDE	Vanguard Real Estate Index Fun		61,223
*	NATIONWIDE	Vanguard Mid-Cap Growth Index		57,080
*	NATIONWIDE	Vanguard Value Index Fund		44,660
*	NATIONWIDE	Vanguard Large-Cap Index Fund		38,130
*	NATIONWIDE	Vanguard Dividend Appreciation		37,307
*	NATIONWIDE	Vanguard Equity-Income Fund		18,821
*	NATIONWIDE	Vanguard Target Retirement Inc		9,438
*	NATIONWIDE	Vanguard Developing Market Ind		15,556
*	NATIONWIDE	Vanguard Energy Index Fund Adm		23,800
*	NATIONWIDE	Vanguard Financials Index Fund		801
*	NATIONWIDE	Vanguard Commodity Strategy Fu		342
*	NATIONWIDE			
*	NATIONWIDE			
*	NATIONWIDE			
*	NATIONWIDE			
*	NATIONWIDE			

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Morehouse School of Medicine 403(b) Plan

Employer Identification Number

58-1438873

Three-digit
plan number

▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	AIG	ARIEL APPRECIATION FUND		16,442
*	AIG	ARIEL FUND		188,580
*	AIG	CORE BOND FUND		566,360
*	AIG	DIVIDEND VALUE		3,506
*	AIG	EMERGING ECONOMIES		75,914
*	AIG	FIXED ACCOUNT PLUS		2,406,296
*	AIG	GLOBAL REAL ESTATE FUND		893
*	AIG	GLOBAL STRATEGY		45,433
*	AIG	GROWTH FUND		206,188
*	AIG	GS VIT GOV MONEY MKT FD INST		9,694
*	AIG	HIGH YIELD BOND FUND		22,551
*	AIG	INFLATION PROTECTED FUND		32,044
*	AIG	INTERNATIONAL GOVERNMENT BOND		11
*	AIG	INTERNATIONAL GROWTH FUND		78,350
*	AIG	INTERNATIONAL VALUE FUND		49,210
*	AIG	INTERNATL EQUITIES INDEX FUND		2,771
*	AIG	INTL OPPORTUNITIES		2,937
*	AIG	INTL SOCIALLY RESPONSIBLE FUND		79,117
*	AIG	LARGE CAPITAL GROWTH		122,770
*	AIG	LOAN ESCROW CALLATERAL FUND		43,146
*	AIG	Mid Cap Value Fund		57,745
*	AIG	MID CAP INDEX FUND		113,059
*	AIG	MID CAP STRATEGIC GWTH		2,072
*	AIG	NASDAQ-100 (R) INDEX FUND		942
*	AIG	SCIENCE & TECHNOLOGY FUND		434,628
*	AIG	SHORT TERM FIXED ACCOUNT		178,296
*	AIG	SMALL CAP GROWTH FUND		42,829
*	AIG	SMALL CAP INDEX FUND		1,687
*	AIG	SMALL CAP SPECIAL VALUE FUND		41,706
*	AIG	SMALL CAP VALUE FUND		27,708
*	AIG	STOCK INDEX FUND		282,094
*	AIG	SYSTEMATIC CORE FUND		158,145
*	AIG	SYSTEMATIC GROWTH FUND		1,129
*	AIG	SYSTEMATIC VALUE		2,020
*	AIG	US SOCIALLY RESPONSIBLE FUND		4,742
*	AIG	VANGUARD LONG-TERM TREASURY		34,956
*	AIG	VANGUARD LT INV-GRADE FUND		40,950
*	AIG	VANGUARD WELLINGTON FUND INC		16,953
*	AIG	VANGUARD WINDSOR II		109,446

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Morehouse School of Medicine 403(b) Plan

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	NATIONWIDE	Avantis Emerging Markets Equit		1,225,712
*	NATIONWIDE	Avantis U.S. Small Cap Value I		423,746
*	NATIONWIDE	Baron Fifth Avenue Growth Fund		427,909
*	NATIONWIDE	Blkrk Hi Yld Bd Port K		1,425,579
*	NATIONWIDE	Blkrk Ttl Rtn K		1,589,762
*	NATIONWIDE	Blkrk Strat Inc Oppr I		21,744
*	NATIONWIDE	Blkrk Mdcap Gr Eq Inst		7,311
*	NATIONWIDE	Blkrk 20/80 Trgtalloc K		6,985
*	NATIONWIDE	Col Sel LgCap Gr Inst2		63,867
*	NATIONWIDE	DFA Emrg Mkt Cor Eq Inst		69,465
*	NATIONWIDE	DFA Infl Prtct Sec Inst		276,933
*	NATIONWIDE	DFA US LgCap Val Inst		87,862
*	NATIONWIDE	DFA US Trgt Val Inst		43,515
*	NATIONWIDE	DFA Glbl RealEst Sec Inst		2,768
*	NATIONWIDE	Diamond Hill Mid Cap I		767,002
*	NATIONWIDE	Dodge & Cox International Stoc		1,704,185
*	NATIONWIDE	Dbline Ttl Rtn Bd N		213,270
*	NATIONWIDE	Government Obligations Fund		641,859
*	NATIONWIDE	Fidelity 500 Index		2,727,849
*	NATIONWIDE	Fidelity U.S. Bond Index Fund		3,197,863
*	NATIONWIDE	Fidelity International Index F		1,615,346
*	NATIONWIDE	Fidelity Total Market Index Fu		48,198
*	NATIONWIDE	Fid MdCap Indx		810,029
*	NATIONWIDE	Fidelity Advisor Asset Manager		7,409
*	NATIONWIDE	Fidelity Advisor Stock Selecto		429,911
*	NATIONWIDE	Fidelity Advisor Large Cap Fun		114,478
*	NATIONWIDE	Fidelity Advisor Energy Fund C		23,382
*	NATIONWIDE	Fidelity Advisory Small Cap Va		700
*	NATIONWIDE	Fidelity Advisor Value Fund		379
*	NATIONWIDE	Goldman Sachs GQG Partners Int		1,686,820
*	NATIONWIDE	Guggenheim Multi-Hedge Strateg		35,924
*	NATIONWIDE	Harbor Capital Appreciation Fu		455,747
*	NATIONWIDE	Invesco Energy Fund R5		28,613
*	NATIONWIDE	JPMorgan Equity Income Fund		1,441,306
*	NATIONWIDE	JPMorgan Large Cap Growth Fund		1,400,082
*	NATIONWIDE	Lord Abbett Floating Rate Fund		14,334
*	NATIONWIDE	MFS MdCap Gr R6		766,986
*	NATIONWIDE	Nationwide Loomis All Cap Grow		1,605,754
*	NATIONWIDE	Nationwide International Index		29,620