

<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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>GEORGETOWN UNIVERSITY RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>210</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>GEORGETOWN UNIVERSITY</u></p> <p><u>HEALY HALL, GROUND FLOOR</u> <u>37TH AND O STREETS, NW</u> <u>WASHINGTON, DC 20057-0001</u></p>	<p>1c Effective date of plan <u>01/01/1954</u></p> <p>2b Employer Identification Number (EIN) <u>53-0196603</u></p> <p>2c Plan Sponsor's telephone number <u>202-687-2500</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.	10/15/2025	CHARLES DESANTIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3532
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)	604
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
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:
1A 1C 1I

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 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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 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 _____

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 GEORGETOWN UNIVERSITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	210
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGETOWN UNIVERSITY	D Employer Identification Number (EIN) 53-0196603	

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

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

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

WILLIS TOWERS WATSON

23-1159360

(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?
11 50	NONE	2937334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

K&L GATES LLP

1 LINCOLN ST
BOSTON, MA 02111

(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?
29	NONE	149276	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(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?
19 25 28	TRUSTEE	70000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 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 GEORGETOWN UNIVERSITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 210
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGETOWN UNIVERSITY	D Employer Identification Number (EIN) 53-0196603

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	1001286	1000000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	300059	53332
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	727010	628978
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	181883004	13810244
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	183911359	15492554
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	235554	179213
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	235554	179213
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	183675805	15313341

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6864	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	1830234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	47618	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6928	
(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)	-91104	
(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)		3822081
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5608765

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	70466304	
(2) To insurance carriers for the provision of benefits	2e(2)	100054000	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		170520304
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	1702	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	70000	
(7) Actuarial fees	2i(7)	2937334	
(8) Legal fees	2i(8)	149276	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	292613	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3450925
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		173971229

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-168362464
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: COHNREZNICK LLP

(2) EIN: 33-4144829

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		10000000
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 0.

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 548673.

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

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

A Name of plan <u>GEORGETOWN UNIVERSITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>210</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GEORGETOWN UNIVERSITY</u>	D Employer Identification Number (EIN) <u>53-0196603</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): 25-1926855

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		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Georgetown University Retirement Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2024 and 2023

Georgetown University Retirement Plan
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December 31, 2024 and 2023

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*All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

Independent Auditor's Report

To the Board of Directors
Georgetown University Retirement Plan

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

We have performed audits of the financial statements of Georgetown University Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits (In Liquidation) as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits (In Liquidation) for the years then ended, the statement of accumulated plan benefits (In Liquidation) as of December 31, 2023, the related statement of changes in accumulated plan benefits (In Liquidation) for the year then ended, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Notes 1 and 2 to the financial statements, the Board of Directors of Georgetown University, the Plan's sponsor, approved a plan of liquidation on June 29, 2023, and management determined liquidation is imminent. As a result, the Plan applied the liquidation basis of accounting in preparing the financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, and the Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CohnReznick LLP

Bethesda, Maryland
October 15, 2025

Georgetown University Retirement Plan
Statements of Net Assets Available for Benefits (In Liquidation)
As of December 31, 2024 and 2023

	2024	2023
	(In Liquidation)	(In Liquidation)
Assets		
Investments, at fair value		
Registered investment companies	\$ 13,810,244	\$ 181,883,004
LLC and LP investments	628,978	727,010
Total investments, at fair value	<u>14,439,222</u>	<u>182,610,014</u>
Cash	1,000,000	1,001,286
Interest receivable	53,332	300,059
Other receivable in liquidation	3,000,000	-
Interest and dividends expected to be earned in liquidation	321,507	3,212,776
	<u>18,814,061</u>	<u>187,124,135</u>
Liabilities		
Accrued liabilities in liquidation	179,213	235,554
Accrued expenses expected to be incurred in liquidation	2,225,638	2,225,421
Due to plan sponsor	16,409,210	-
	<u>18,814,061</u>	<u>2,460,975</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 184,663,160</u>

Georgetown University Retirement Plan
Statements of Changes in Net Assets Available for Benefits (In Liquidation)
Years Ended December 31, 2024 and 2023

	2024	2023
	(In Liquidation)	(In Liquidation)
Changes in net assets available for benefits attributable to:		
Investment income		
Net appreciation in fair value of investments	\$ 2,395,989	\$ 16,470,867
Interest and dividends	-	1,180,251
	<u>2,395,989</u>	<u>17,651,118</u>
Retirement benefits	(70,466,304)	(11,027,906)
Professional services fees	(1,225,504)	(1,572,981)
Purchase of annuity contract	<u>(100,054,000)</u>	<u>-</u>
Net increase (decrease) before adjustment to liquidation	(169,349,819)	5,050,231
Adjustment to liquidation basis	<u>(15,313,341)</u>	<u>987,355</u>
Net increase (decrease)	(184,663,160)	6,037,586
Net assets available for benefits, beginning of year	<u>184,663,160</u>	<u>178,625,574</u>
Net assets available for benefits, end of year	<u>\$ -</u>	<u>\$ 184,663,160</u>

Georgetown University Retirement Plan
Statement of Accumulated Plan Benefits (In Liquidation)
As of December 31, 2023

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Retired and terminated participants receiving benefits	\$ 66,907,982
Other participants	97,924,418
	<hr/>
	164,832,400
Nonvested accumulated benefits	<hr/>
	-
	<hr/>
Total actuarial present value of accumulated plan benefits	\$ 164,832,400
	<hr/> <hr/>

Georgetown University Retirement Plan
Statement of Changes in Accumulated Plan Benefits (In Liquidation)
Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 186,118,798
Changes in accumulated plan benefits attributable to:	
Increase for interest resulting from decrease in the discount period	7,668,301
Actuarial losses	(17,578,313)
Benefits paid	<u>(11,376,386)</u>
Net decrease	<u>(21,286,398)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 164,832,400</u></u>

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - The Georgetown University Retirement Plan Description

The Georgetown University Retirement Plan (the "Plan") is a defined benefit plan consisting of Part A, Georgetown University academic, and staff participants, and Part B, Georgetown University Hospital and University staff participants. Part B of the Plan also includes eligible Jesuit Community lay employees.

Termination

The University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 ("ERISA"). On June 29, 2023, Plan management signed the sixth amendment to the Plan, terminating the Plan effective August 31, 2023. During the plan termination election window that occurred during 2024, participants not in payment status were given an opportunity to take their benefit as a lump sum or commence an immediate annuity as of May 1, 2024. Participants who did not elect a lump sum were transferred to the selected insurance company in June 2024 as part of a group annuity contract. Remaining participants who were not able to be located were transferred to the Pension Benefit Guaranty Corporation ("PBGC") in August 2024.

Subsequent to year end, the insurance company discovered an excess of \$3,000,000 in missing participants. This money was refunded to the Plan, of which \$1,795,714 was paid over to the PBGC, representing the balances of the missing participants in the Plan.

Part A

Part A has been closed to new participants since July 1, 1970. The annual retirement benefit at age 65 is equal to the sum of (1) and (2) below:

(1) Credited Past Service

1.5% of the Participant's Annual Compensation up to \$15,000 for Calendar 1952
Times

The Participant's Credited Past Service

(2) Credited Future Service

1.0% of the Participant's Average Adjusted Annual Compensation up to \$3,600
Plus

1.5% of the Participant's Average Adjusted Annual Compensation over \$3,600
Times

The Participant's Credited Service after January 1, 1954 and Prior to January 1, 1965
Plus

1.0% of the Participant's Average Adjusted Annual Compensation up to \$4,800
Plus

1.5% of the Participant's Average Adjusted Annual Compensation over \$4,800
Times

The Participant's Credited Service After December 31, 1964 and Prior to July 1, 1982
Plus

1.6% of the Participant's Average Adjusted Annual Compensation
Times

The Participant's Credited Service after June 30, 1982

Part B

Part B of the Plan is non-contributory. Prior to the election to terminate the Plan, the University contributed such amounts as considered necessary on an actuarial basis to maintain the Plan in an actuarially sound condition. The University had the right under the Plan to discontinue contributions at any time.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The annual contributions were based on the actuarial valuations performed as of the beginning of each Plan year. The contributions were designed to maintain the Plan in a sound financial condition and to satisfy minimum funding requirements of ERISA. A yield (interest and net appreciation (depreciation) in fair value) on investments of the Plan that is better (worse) than the expected investment return, based on the assumed discount rate to measure benefit obligations for funding, reduced (increased) the unfunded actuarial liability cost and therefore served to reduce (increase) future contributions that would otherwise be required to provide benefits under the Plan.

Employees became participants in Part B of the Plan on the first day of the Plan year if they were at least 21 years of age, and had twelve months of continuous service, with at least 750 hours worked within those twelve months. Effective January 1, 2008, participants became 100% vested after completing three years of continuous service or age 65 according to the Pension Protection Act. Prior to January 1, 2008 participants became 100% vested after completing five years of continuous service or age 65. If employees terminated before becoming vested, they forfeited the right to receive their accumulated plan benefits.

The present value of vested benefits (benefits to which participants are entitled regardless of future service with the University or its affiliates) under the Plan and the actuarial accrued liability (cost assigned to periods prior to January 1, 2008) used to determine the annual contribution to the Plan were calculated by the actuary as of January 1, 2023.

Effective January 1, 1996, (January 1, 1998 for participants that were members of 1199E SEIU United HealthCare Workers East), the University redesigned the Plan. The most significant difference from the initial plan was the use of a cash balance approach exclusively. Benefits for Plan B participants were calculated as if participants had their own accounts. Contributions were made to each employee's account based on a percentage determined by their age and years of service multiplied by their salary as illustrated in the following table:

Age plus Service	Benefit Percentage
0-39	3.5%
40-49	4.0%
50-59	4.6%
59	6.0%
60-69	8.0%
70-74	9.0%
75-79	9.0%
80+	10.0%

A participant's cash balance account earned an annual interest credit. This credit was based on the performance of one-year Treasury Bills with a minimum rate of 5% and a maximum rate of 10%. The rate for 2024 and 2023 was 5%. Upon retirement or termination participants were entitled to the vested balance in their individual account. Participants were also be able to take their account balance with them upon retirement or termination in the form of a lump sum payment, or could arrange to have the balance rolled over into an Individual Retirement Account or to another qualified employer-sponsored retirement plan. In the previous plan, no payments would be made until retirement age was reached unless the present value of the vested accrued benefit was less than or equal to \$5,000. The law imposes lump sum distribution restrictions on retirement plans that fall below the 80% level of funding. The Plan did not fall below the 80% level of funding in 2024 or 2023.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

All Plan B participants who were vested as of January 1, 1996 (January 1, 1998 for participants that were members of 1199E SEIU United HealthCare Workers East) received the larger of the benefit calculated under the redesigned cash balance formula or the benefit as calculated under the prior defined benefit formula.

A single life annuity at age 65 would be calculated under the prior benefit formula as:

$$\begin{array}{r} 2\% \text{ of the Participant's Average Adjusted Annual Compensation} \\ \text{Times} \\ \text{The Participant's Credited Service (Expressed in full or partial years)} \\ \text{Minus} \\ 50\% \text{ of the Participant's Social Security Primary Insurance Amount} \end{array}$$

In August 2008, participants were given a one-time option to continue accruing benefits under the Plan, or to have the accruals frozen as of December 31, 2008, and begin accruing benefits under the University-sponsored enhanced 403(b) plan.

Effective January 1, 2009, the Plan was closed to all new employees hired on or after January 1, 2008, or resumed active participation in the Plan by May 15, 2008, except for Georgetown Jesuit Community lay employees, as defined in the Plan document.

On November 1, 2013, the Plan adopted a fourth amendment to the 2009 amended and restated plan documents. The amendment revised the definition of annual compensation to include amounts contributed by the Plan sponsor pursuant to a salary reduction agreement, elective amounts excludable from gross income under the Internal Revenue Code section 403(b), and, for plan years beginning on or after January 1, 2008, differential wage payments paid to participants during qualified military service. The amendment also updated certain limitations on plan operations dependent upon the Plan's adjusted funding target attainment percentage, which was actuarially calculated. These limitations included, but were not limited to, restrictions on accelerated forms of distributions and single sum payments.

The Plan was amended effective January 1, 2015, such that participants who were Covered Employees as defined by the plan document were subject to the following two-phased freeze plan:

In the first phase of the freeze, participants who, as of December 31, 2014, were (1) under the age of 60 and (2) age 60 and over who made a one-time irrevocable election to participate in the Georgetown University Defined Contribution Retirement Plan ceased to be Covered Employees as of such date within the guidelines of the amendment.

This amendment did not apply to participants who, as of December 31, 2014, were (1) Lay Employees who were actively accruing benefits under the Plan and (2) entitled to Disability Retirement Benefits ("LTD Participants") in accordance with the plan document but to whom benefits had not commenced by such date.

In the second phase of the freeze, all participants, including Lay Employees and LTD Participants who, as of December 31, 2019, were actively accruing benefits under the Plan ceased to be Covered Employees and therefore stopped accruing benefits effective as of such date.

Reference should be made to the Plan document for a more detailed description of the provisions.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

In accordance with accounting principles generally accepted in the United States of America, due to the termination of the Plan as of August 31, 2023 (see Note 1), the financial statements as of and for the years ended December 31, 2024 and 2023 were prepared using the liquidation basis of accounting to determine the amounts at which Plan assets are stated.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimated.

Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the assumptions and estimations process, it is at least reasonably possible that changes in these assumptions and estimates in the near term would be material to the financial statements.

Concentration of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of investments in various government securities, registered investment companies, and limited partnerships.

Investment Valuation and Income Recognition

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. See Note 3 for a discussion of fair value measurements. Georgetown University's Investment Office determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. The Bank of New York Mellon/BNY Mellon, N.A. ("BNY Mellon") holds the Plan investments as the Plan's trustee.

The Plan presents in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized and unrealized gains or losses on those investments.

Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on sales of securities are based on average cost. Purchases and sales of securities traded but not yet settled at year-end are recorded as unsettled investment purchase and unsettled investment sale, respectively.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Substantially all administrative expenses of the Plan are paid by the Plan. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Note 3 - Fair Value Measurements

Authoritative guidance on fair value measurements establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Observable inputs reflect market data obtained from sources independent of the Plan and unobservable inputs reflect management's assumptions about how market participants would value an asset or liability based on the best information available. The Plan follows the guidance and adopts a three-level hierarchy which prioritizes the inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy under the authoritative guidance are as follows:

- Level 1 is based upon quoted prices in active markets that the Plan has the ability to access for identical assets or liabilities. Market price data is generally obtained from exchange or dealer markets. The Plan does not adjust the quoted price for such assets and liabilities.
- Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers.
- Level 3 is based on valuation techniques that use significant inputs that are unobservable as they trade infrequently or not at all.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following table presents the Plan's investments carried at fair value as of December 31, 2024 (In Liquidation), based on the valuation hierarchy defined above:

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets				
Registered investment companies	\$ 13,810,244	\$ -	\$ -	\$ 13,810,244
Alternative investments measured under the NAV practical expedient ⁽¹⁾	-	-	-	628,978
Total investments, at fair value	\$ 13,810,244	\$ -	\$ -	\$ 14,439,222

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents the Plan's investments carried at fair value as of December 31, 2023 (In Liquidation), based on the valuation hierarchy defined above:

Assets	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Registered investment companies	\$ 181,883,004	\$ -	\$ -	\$ 181,883,004
Alternative investments measured under the NAV practical expedient ⁽¹⁾	-	-	-	727,010
Total investments, at fair value	\$ 181,883,004	\$ -	\$ -	\$ 182,610,014

(1) Certain investments reported at fair value using the net asset value ("NAV") practical expedient have been excluded from the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to total investments at fair value.

Alternative investments measured under the NAV practical expedient ("Alternative Investments") are valued by the managers of such funds in accordance with their respective operating agreements, which generally require fair valuation in accordance with generally accepted accounting principles. The Plan has assessed factors including, but not limited to, managers' compliance with the Fair Value Measurement standard, price transparency and valuation procedures in place, the ability to redeem at Net Asset Value ("NAV") at the measurement date, and existence of certain redemption restrictions at the measurement date. The valuation process of the Alternative Investments is subject to review and oversight by the Plan. In connection with this process, the Plan reviews the details of the reported information obtained from the general partner/investment manager or administrator of such Alternative Investments and considers: (i) the measurement date of the NAV provided, (ii) the basis of the accounting, and (iii) the fair valuation information provided by the general partner/investment manager or administrator. The University has used the reported NAV as a practical expedient to fair value all of its Alternative Investments.

The following table describes the Plan's inputs and valuation methodologies for assets measured at fair value as of December 31, 2024 and 2023:

Asset	Level	Input/Methodology
Registered investment companies	1	Represents exchange-traded mutual funds valued at the last reported selling price in an active market.

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instance, the transfer is effective at the beginning of the reporting period. There are no transfers between levels for the years ended December 31, 2024 and 2023.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table represents the Plan's fair value measurements of investments in certain entities that calculate NAV per share as of December 31, 2024 and 2023 (In Liquidation). There are no unfunded commitments.

Category	Fair value		Redemption Frequency	Redemption Notice Period
	2024 (In Liquidation)	2023 (In Liquidation)		
LLC and LP investments:				
Kalorama Separate Account Tiger Global Long Opportunity	\$ 628,978	\$ 727,010	Monthly	60 days
Total investments measured under the NAV practical expedient	<u>\$ 628,978</u>	<u>\$ 727,010</u>		

The primary objective of the Kalorama Separate Account Tiger Global Long Opportunity fund is to generate returns by investing in separate specialist investment portfolios with distinct strategies by allocating assets to non-registered alternative investment funds or accounts.

Note 4 - Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan administrator by letter dated December 23, 2024 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The determination included consideration of the sixth amendment to the plan documents, which was adopted on June 29, 2023 and terminated the Plan (Note 1). There have been no amendments to the Plan since receiving the determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

Note 5 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits were those future periodic payments, including lump-sum at termination, retirement, or death, which were attributable under the Plan's provisions to the service that employees had rendered. Accumulated plan benefits included benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan were based on employees' compensation for the highest 36 consecutive months for Part A participants and 60 consecutive months for Part B participants. Effective January 1, 1996 (January 1, 1998, for participants that were members of 1199E SEIU United HealthCare Workers East), benefits for the Part B participants were provided under a cash balance plan. Under this formula benefits were based on a notional account balance. Part B participants who were vested in the Plan as of January 1, 1996, received a benefit from the Plan that will be the greater of the pre-1996 or the cash balance methodology.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Accumulated plan benefits for current active employees were based on each employee's credited service preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – were included to the extent that they were deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an actuarial firm, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations for the accumulated benefit obligations as of December 31, 2023 (In Liquidation) were as follows:

	<u>2023</u>
Mortality	
Healthy	Society of Actuaries' Pri-2012 Mortality Tables (male and female) projected forward with generational projection using Scale MP-2021.
Disabled	Society of Actuaries' Pri-2012 Disabled Retiree Table projected forward with generational projection using Scale MP-2021.
Interest Rate	4.25%
Cash Balance	
Interest	
Crediting Rate	5.00%
Lump Sum	
Conversion Rate	5.33%

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Form of Payment If Lump Sum Eligible: 85% of participants were assumed to have elected a lump sum form of payment. 10.5% of participants were assumed to have elected a single life annuity. 4.5% were assumed to have elected a 50% joint and survivor annuity. If Not Lump Sum Eligible: 70% of participants were assumed to have elected a single life annuity. 30% of participants were assumed to have elected a 50% joint and survivor annuity.

Termination Rates varied by age and service; representative termination rates, percentage leaving during the year.

GURP B:

Age	Years of Service	
	1 - 4	5+
25	23.6	19.4
35	14.8	10.2
45	9.8	4.2
55	7	1.5

GURP A: No withdrawal assumed.

Disability 1994 Railroad Retirement Board disability rates based on disabled-worker experience. Rates varied by age and gender representative disability rates, percentage becoming disabled during the year:

Age	Male	Female
25	0.1200	0.1800
35	0.1275	0.1915
45	0.1975	0.2965
55	0.6810	1.0215
60	1.3800	2.0700

Retirement Rates varied by age and formula; average age 65; illustrative percentage retiring during the year:

Age	GURP A	GURP B	Cash Balance
55	1.0	7.0	7.0
60	9.0	6.0	6.0
65	50.0	51.0	20.0
70	100.0	100.0	20.0
75	100.0	100.0	100.0

Note 6 - Funding Policy

The University makes contributions to the Plan equal to the amount required under accepted actuarial principles to satisfy minimum funding requirements of ERISA.

Georgetown University Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 7 - Related Party and Party-in-Interest Transactions

BNY Mellon, trustee, holds the assets of the Georgetown University Retirement Plan in trust. The assets consist primarily of government securities, registered investment companies, corporate debt instruments, limited partnerships and commingled trusts. BNY Mellon received custodial fees totaling \$70,000 for the years ended December 31, 2024 and 2023, respectively. Additional custodial fees totaling \$35,000 were accrued in 2024 and are included in accrued liabilities in liquidation on the accompanying statement of net assets available for benefits.

Note 8 - Certified Investments

The Plan administrator has elected the method of compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments in registered investment companies held by BNY Mellon, the custodian, at December 31, 2024 and 2023, and investment income for the years then ended that are disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian of the Plan. Interest and dividends expected to be incurred in liquidation are not included in the certification by the custodian.

Note 9 - Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	As of December 31, 2024	As of December 31, 2023
Net assets available for benefits per the financial statements	\$ -	\$ 184,663,160
Interest and dividends expected to be earned in liquidation	(321,507)	(3,212,776)
Other receivable to be earned in liquidation	(3,000,000)	-
Accrued expenses expected to be incurred in liquidation	2,225,638	2,225,421
Due to plan sponsor	16,409,210	-
Net assets available for benefits per Form 5500	<u>\$ 15,313,341</u>	<u>\$ 183,675,805</u>

The following is a reconciliation of the increase in net assets per the financial statements to the Form 5500:

	Year Ended December 31, 2024	Year Ended December 31, 2023
(Decrease) increase in net assets available for benefits per the financial statements	\$ (184,663,160)	\$ 6,037,586
Adjustment to liquidation basis	16,300,696	(987,355)
(Decrease) increase in net assets available for benefits per Form 5500	<u>\$ (168,362,464)</u>	<u>\$ 5,050,231</u>

Note 10 - Subsequent Events

The Plan has performed an evaluation of subsequent events through October 15, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Georgetown University Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 53-0196603
Plan #210
As of December 31, 2024

(b) Description of Investment	(c) Shares	(d) Cost	(e) Current Value
Registered Investment Companies			
BlackRock Liquidity T Fund	13,810,244	\$ 13,810,244	\$ 13,810,244
Total Registered Investment Companies	<u>13,810,244</u>	<u>13,810,244</u>	<u>13,810,244</u>
LLC and LP Investments			
Kalorama Separate Account Tiger Global Long Opportunity	92	91,709	628,978
Total LLC and LP Investments	<u>92</u>	<u>91,709</u>	<u>628,978</u>
Total Investments	<u>13,810,336</u>	<u>\$ 13,901,953</u>	<u>\$ 14,439,222</u>

See Independent Auditor's Report.

Georgetown University Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 53-0196603
Plan #210
Year Ended December 31, 2024

Identity of Party Involved/ Description of Investment	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset Sold	Current Value	Net Gain (Loss)
<i>Single Transactions in Excess of Five Percent of Plan Assets</i>							
BlackRock Liquidity T Fund	\$ 29,466,814	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BlackRock Liquidity T Fund	123,963,870	-	-	-	-	-	-
BlackRock Liquidity T Fund	-	52,643,264	-	-	52,643,264	52,643,264	-
BlackRock Liquidity T Fund	-	30,000,000	-	-	30,000,000	30,000,000	-
BlackRock Liquidity T Fund	-	100,054,000	-	-	100,054,000	100,054,000	-
BlackRock Liquidity T Fund	-	10,180,327	-	-	10,180,327	10,180,327	-
IShares Russell 3000 ETF	-	30,001,604	-	-	18,682,375	30,001,604	11,319,229
PIMCO Total Return Institutional Class Fund	30,000,000	-	-	-	-	-	-
PIMCO Total Return Institutional Class Fund	-	123,712,831	-	-	143,807,237	123,712,831	(20,094,406)
<i>Series of Transactions in Excess of Five Percent of Plan Assets</i>							
BlackRock Liquidity T Fund	155,910,578	-	-	-	-	-	-
BlackRock Liquidity T Fund	-	203,914,956	-	-	203,914,956	203,914,956	-
IShares Russell 3000 ETF	75,013	-	-	-	-	-	-
IShares Russell 3000 ETF	-	30,001,604	-	-	18,682,375	30,001,604	11,319,229
PIMCO Total Return Institutional Class Fund	31,713,672	-	-	-	-	-	-
PIMCO Total Return Institutional Class Fund	-	123,712,831	-	-	143,807,237	123,712,831	(20,094,406)

See Independent Auditor's Report.



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Georgetown University Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 53-0196603
Plan #210
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BlackRock Liquidity T Fund	-	52,643,264	-	-	52,643,264	52,643,264	-
BlackRock Liquidity T Fund	-	30,000,000	-	-	30,000,000	30,000,000	-
BlackRock Liquidity T Fund	-	100,054,000	-	-	100,054,000	100,054,000	-
BlackRock Liquidity T Fund	-	10,180,327	-	-	10,180,327	10,180,327	-
IShares Russell 3000 ETF	-	30,001,604	-	-	18,682,375	30,001,604	11,319,229
PIMCO Total Return Institutional Class Fund	30,000,000	-	-	-	-	-	-
PIMCO Total Return Institutional Class Fund	-	123,712,831	-	-	143,807,237	123,712,831	(20,094,406)
<i>Series of Transactions in Excess of Five Percent of Plan Assets</i>							
BlackRock Liquidity T Fund	155,910,578	-	-	-	-	-	-
BlackRock Liquidity T Fund	-	203,914,956	-	-	203,914,956	203,914,956	-
IShares Russell 3000 ETF	75,013	-	-	-	-	-	-
IShares Russell 3000 ETF	-	30,001,604	-	-	18,682,375	30,001,604	11,319,229
PIMCO Total Return Institutional Class Fund	31,713,672	-	-	-	-	-	-
PIMCO Total Return Institutional Class Fund	-	123,712,831	-	-	143,807,237	123,712,831	(20,094,406)

Georgetown University Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 53-0196603
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