

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/10/1952
2a Plan sponsor's name (employer, if for a single-employer plan): ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2b Employer Identification Number (EIN): 36-2169124
2c Plan Sponsor's telephone number: 202-828-0400
2d Business code (see instructions): 813000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2006
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)	845
	6a(2)	824
	6b	0
	6c	1054
	6d	1878
	6e	4
	6f	1882
	6g(1)	1973
6g(2)	1875	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> 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>1</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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION OF AMERICAN MEDICAL COLLEGES		D Employer Identification Number (EIN) 36-2169124

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	151064	940	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	52426935
5	Current value of plan's interest under this contract in separate accounts at year end.....	85355828
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 9485835
c	Additions: (1) Contributions deposited during the year	7c(1) 2318612
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2261138
	(4) Transferred from separate account	7c(4) 4849943
	(5) Other (specify below)..... ▶	7c(5) 56142
	(6) Total additions	7c(6) 9485835
d	Total of balance and additions (add lines 7b and 7c(6))	7d 62442582
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 4702368
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 5151508
	(4) Other (specify below)..... ▶	7e(4) 161771
(5) Total deductions	7e(5) 10015647	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 52426935

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 ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION OF AMERICAN MEDICAL COLLEGES	D Employer Identification Number (EIN) 36-2169124	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-1624203

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

04-2647786

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

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

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

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

TIAA-TEACHERS INSURANCE AND ANNUITY

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 65	RECORDKEEPER	91562	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDELITY INV. INST. OPERATIONS CO.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 65	RECORDKEEPER	1267	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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.	<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>ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT 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>ASSOCIATION OF AMERICAN MEDICAL COLLEGES</u>	D Employer Identification Number (EIN) <u>36-2169124</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <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>10193243</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 ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION OF AMERICAN MEDICAL COLLEGES	D Employer Identification Number (EIN) 36-2169124

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1251655
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3694047
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	1429678
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	10193243
(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)	304414096
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	52426935
(15) Other	1c(15)	2419911

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	331587880	374577910
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	331587880	374577910

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)	10389788	
(B) Participants.....	2a(1)(B)	9048609	
(C) Others (including rollovers).....	2a(1)(C)	5942327	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25380724
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	101611	
(F) Other.....	2b(1)(F)	866059	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		967670
(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)	8467661	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8467661
(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)		-437329
(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)		31347778
c Other income	2c		1821340
d Total income. Add all income amounts in column (b) and enter total	2d		67547844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24509035	
(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)		24509035
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		48779
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24557814

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		42990030
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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1448
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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>ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT 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>ASSOCIATION OF AMERICAN MEDICAL COLLEGES</u>	D Employer Identification Number (EIN) <u>36-2169124</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

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

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 300

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	<u>0</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>
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	0

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 _____.



**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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Statements of Net Assets Available for Benefits	4
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Supplemental Schedules	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	17
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18
Other schedules required by Schedule H, Line 4 of the Department of Labor Form 5500, Annual Return/report of Employee Benefit Plans, are not applicable and are therefore omitted.	



KPMG LLP
Suite 900
8350 Broad Street
McLean, VA 22102

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Association of American Medical Colleges Defined Contribution Retirement Plan:

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

We have performed audits of the financial statements of Association of American Medical Colleges Defined Contribution Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits 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 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 U.S. generally accepted accounting principles.
- 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. generally accepted accounting principles.



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 U.S. generally accepted accounting principles.

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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4a - Schedule of Delinquent Participant Contributions for the years ended December 31, 2024, and 2023 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit 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).

KPMG LLP

McLean, Virginia
October 16, 2025

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments, at fair value (notes 3 and 4)	\$ 357,831,203	314,600,465
Fully benefit-responsive investment contracts, at contract value (notes 3 and 5)	15,317,029	15,735,760
Receivables:		
Notes receivable from participants (note 3)	<u>1,478,457</u>	<u>1,251,655</u>
Net assets available for benefits	<u>\$ 374,626,689</u>	<u>331,587,880</u>

See accompanying notes to financial statements.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions:

Net investment income, (note 3):

Interest and dividends	\$ 9,333,720
Net appreciation in fair value of investments	<u>32,731,789</u>
Net investment income	<u>42,065,509</u>

Interest income on notes receivable from participants, (note 3)	101,611
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Contributions:

Employer	10,389,788
Employee	9,048,609
Rollovers	<u>5,942,327</u>

Total contributions	<u>25,380,724</u>
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Total additions	<u>67,547,844</u>
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Deductions:

Benefits paid to participants	<u>24,509,035</u>
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Total deductions	<u>24,509,035</u>
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Net increase in net assets available for benefits	43,038,809
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Net assets available for benefits:

Beginning of year	<u>331,587,880</u>
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End of year	<u><u>\$ 374,626,689</u></u>
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See accompanying notes to financial statements.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Plan Description

The following description of Association of American Medical Colleges Defined Contribution Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan was established as of June 10, 1952 for the benefit of all eligible employees of the Association of American Medical Colleges (the Association or AAMC). The Plan is a single employer Plan with AAMC as the Plan Sponsor. The custodians under the Plan are Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF), known collectively as TIAA-CREF, Fidelity Management Trust Company (Fidelity), Ascensus Trust Company (Ascensus), and American Century Investments (American Century). Ascensus and Vanguard Fiduciary Trust Company (Vanguard) entered into a custodial account agreement wherein Ascensus is the custodian and Vanguard is the recordkeeper. Under this agreement, Ascensus will act upon directions it receives from Vanguard, from a participant or beneficiary via Vanguard, or from the AAMC. TIAA-CREF, Fidelity and American Century are the custodians and record-keepers for the Plan. The Association, which is the employer and the sponsor of the Plan, is the administrator of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Eligibility and Contributions

All regular full-time, part-time, and temporary employees hired directly by AAMC become eligible to participate in the Plan and may elect tax deferred and after tax contributions. The Plan includes an automatic deferral feature. Accordingly, the Employer will automatically withhold a portion (2%) of a participant's compensation from the participant's pay each payroll period unless the participant makes a contrary election. With the exception of certain catch-up contributions by participants who have attained the age of 50 prior to the close of the plan year, a participant's contribution to the Plan during any calendar year may not exceed the dollar limit applicable to the Plan for that year under Internal Revenue Code (IRC) Section 402(g) (\$23,000 for 2024). Catch-up contributions are subject to the limitations of IRC Section 414(v) (\$7,500 for 2024).

The Association also contributes an amount to the Plan equal to a percentage of the participant's base compensation after 12 months of service. The applicable percentage varies according to the participant's contribution level. The Association's contributions are made to the Plan as follows, subject to regulatory limits:

By employee	By employer
0%–1.99%	8 %
2% or greater	10

Participants in the Plan may elect to have an eligible rollover distribution from another eligible retirement plan contributed to the Plan.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(c) Investments Options

Plan contributions are invested, at the direction of each participant, in group investments managed by TIAA-CREF, Fidelity, Ascensus, and American Century. The allocation of assets and future contributions may be changed by the participants at any time by notifying the custodians and Vanguard. Participants may direct contributions to any of the investment options available.

All contributions made subsequent to September 2013 are limited to TIAA-CREF investment options. The following is a description of the investment options.

TIAA-CREF (CREF Accounts and other TIAA-CREF Funds), Fidelity, Ascensus, and American Century: These custodians offer a variety of equity, lifecycle, asset allocation, fixed income, multi-asset, and money market funds.

TIAA Real Estate Fund: The TIAA Real Estate Fund (a pooled separate account) invests primarily in income producing office, industrial, retail, and multi-family residential properties.

TIAA Traditional Annuities: The TIAA Traditional Annuities are a fixed rate annuities contract that are fully and unconditionally guaranteed and backed by the claims-paying ability of Teachers Insurance and Annuity Association of America (TIAA), a New York domiciled nonprofit legal reserve life insurance company. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3% and the potential for additional interest, if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. When the contract value accumulation (plan asset) of TIAA Traditional is converted to an annuity (plan withdrawal) based on participant's life expectancy, the present value of the stream of payments is equal to the accumulation.

TIAA-CREF Traditional Annuities are classified by benefit responsiveness:

- I. TIAA-CREF Traditional Annuity holdings within liquid contracts (Supplemental Retirement Annuities (SRA), Group Supplemental Retirement Annuities (GSRA), and Retirement Choice Plus (RCP)) are benefit responsive.
- II. TIAA-CREF Traditional Annuity holdings within illiquid contracts (Retirement Annuities (RA), Group Retirement Annuities (GRA), and Retirement Choice (RC)) are non-benefit responsive.

The two categories of TIAA Traditional Annuities are reported separately to facilitate reporting and disclosure in the financial statements and for the Form 5500 purposes.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution, the Association's contribution as well as an allocation of plan earnings (losses). Allocations of plan earnings (losses) are based on participant earnings or account balances on a daily basis.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(e) Vesting

Participants are immediately vested in participant and the Association's contributions, plus actual earnings thereon.

(f) Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are not secured. The loan interest rate is set at prime rate +1, as defined. Principal and interest are paid ratably by the participant directly to TIAA-CREF. The participant will be assessed a one-time loan origination fee upon taking up a loan.

(g) Plan Loans

Plan loans are available to participants through TIAA, subject to certain limitations. Plan loans are issued directly from funds owned by TIAA and loan proceeds are not removed from a participant's account balance. Adequate security is required and a portion of the participant's TIAA Traditional Annuity account is reserved, or held as collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a GSRA contract or as a separate retirement loan contract.

The plan loan interest rate for these plan loans may be fixed or variable and the initial rate is determined by the terms of the controlling contract as is the rate adjustment details and frequency. For loans having collateral held in a GSRA contract, principal repayments increase the amount of TIAA traditional funds available for the participant's use. For retirement loan contracts, principal repayments are transferred to the CREF Money Market investment option in the participant's RA or GRA contract. For all plan loans, principal and interest is paid directly to TIAA-CREF by the participant.

As of December 31, 2024 and 2023, there were \$7,808 and \$37,334 respectively, in outstanding plan loan balances. The interest rate for the plan loans ranged from 5.28% to 5.33% as of December 31, 2024 and 2023, respectively.

(h) Hardship and Other Withdrawals

Participants may withdraw all or any part of their vested account resulting from 403(b) elective deferral contributions in a case of qualifying financial hardship. Financial hardship means hardship due to immediate and heavy financial need. Federal rules allow hardship withdrawals for reasons such as medical expenses that would be tax deductible, purchase of primary home or preventing eviction or foreclosure, or pay for tuition or funerals of immediate family members and dependents.

(i) Payment of Benefits

Benefits may be paid upon separation from service due to death, retirement, or termination of employment. If the participant's vested account balance is greater than \$1,000 the participant may choose from the following forms of payment: single-sum payment or annuity contracts. Employees who attain age 59½ or older are eligible for in-service withdrawals.

A lump-sum distribution is automatic upon separation if the participant's vested account balance is \$1,000 or less, if permitted by contract.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(j) Administrative Expenses

In accordance with the terms of the Plan, the administrative expenses of the Plan are paid by the Association, except for certain account and investment management fees, which are deducted directly from the individual participants' accounts and are recorded within net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in those net assets.

(b) Investment Valuation and Income Recognition

Investments other than fully benefit-responsive investment contracts are reported at fair 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. The Plan's investments consist of TIAA Traditional Annuities contracts, TIAA Real Estate Account, CREF accounts, and other

TIAA-CREF, Fidelity, Ascensus, Vanguard, and American Century funds and mutual funds.

Certain TIAA Traditional Annuities contracts are considered fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts held by defined contribution plans are required to be reported at contract value. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the custodian, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan's ability to receive amounts due is dependent on the 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 might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents, (2) significant withdrawal from the Plan, (3) the failure of the Plan to qualify for exemption from federal income taxes, or (4) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants. Accordingly, the investment contracts are reported at contract value, which approximates fair value. See notes 1(c) and 5 for further discussion of the TIAA Traditional Annuities.

(i) Accumulation Units in CREF Accounts

The fair values of accumulation units held by the Plan in CREF accounts (registered investment companies) are based on each account's daily net asset value (NAV), which is considered by plan management to be the best approximation of fair value. CREF accounts are not exchange traded. Data for NAVs are available daily to plan administrators and client investors on TIAA-CREF's website, and provides sufficient corroborative evidence to ascertain the relationship between each

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
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Notes to Financial Statements

December 31, 2024 and 2023

fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts and redemption is available on a daily basis at NAV with no notice periods required for liquidation and redemption.

(ii) Interest in TIAA Real Estate Account

The fair value of the Plan's interest in the TIAA Real Estate Account is based on the fund's daily NAV, which is considered by plan management to be the best approximation of fair value. The unit value of the fund is calculated daily and available to plan administrators and client investors on TIAA-CREF's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in this account and redemption can occur once per quarter at NAV with no notice periods required for liquidation and redemption.

Purchases and sales of securities are recorded on a trade-date basis.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Appreciation and depreciation in the fair values of investments is recognized in the financial statements in the period in which such changes occur.

(c) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

(d) Benefit Payments

Benefits are recorded when paid.

(e) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefit and changes therein, and disclosure of contingent assets. Actual results could differ from those estimates.

(f) Risks and Uncertainties

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

(3) Investments

Information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule of assets held at end of year, as of December 31, 2024

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

and 2023, and net investment income and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by the custodians, with the exception of the Plan's investments in American Century.

	2024				
	Certified by			Not certified	Total
	TIAA-CREF	Fidelity	Ascensus	American Century	
Investments:					
Equity funds	\$ 143,588,334	2,175,854	4,556,449	105,662	150,426,299
Fixed income funds	10,663,599	72,104	626,104	—	11,361,807
Balanced funds	139,705,019	1,594,115	1,262,073	64,783	142,625,990
Money market funds	3,599,970	6,718	80,290	7,069	3,694,047
Pooled separate account	10,193,243	—	—	—	10,193,243
Traditional annuities	52,426,935	—	—	—	52,426,935
Self directed accounts	2,419,911	—	—	—	2,419,911
Total investments	\$ 362,597,011	3,848,791	6,524,916	177,514	373,148,232

	2023				
	Certified by			Not certified	Total
	TIAA-CREF	Fidelity	Ascensus	American Century	
Investments:					
Equity funds	\$ 122,834,757	2,464,496	4,351,042	92,800	129,743,095
Fixed income funds	9,313,659	81,162	296,138	815	9,691,774
Balanced funds	119,962,168	1,561,031	1,134,829	58,826	122,716,854
Money market funds	3,134,169	5,819	76,401	9,299	3,225,688
Pooled separate account	10,578,084	—	—	—	10,578,084
Traditional annuities	52,956,748	—	—	—	52,956,748
Self directed accounts	1,423,982	—	—	—	1,423,982
Total investments	\$ 320,203,567	4,112,508	5,858,410	161,740	330,336,225

For the year ended December 31, 2024, net investment income was certified as follows:

	Certified by			Not certified	Total
	TIAA-CREF	Fidelity	Ascensus	American Century	
Interest and dividends	\$ 8,906,857	201,424	217,760	7,679	9,333,720
Net appreciation in fair value of investments	31,478,398	467,698	766,618	19,075	32,731,789
Net investment income	\$ 40,385,255	669,122	984,378	26,754	42,065,509

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(4) Fair Value Measurements

The Plan applies fair value provisions, which defines fair value, establishes both a framework for measuring fair value and a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

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

Shares of Registered Investment Companies

Shares of registered investment company funds are determined based on quoted market prices at the reporting date multiplied by the quantity on hand.

- Level 2 – If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Inputs to the valuation methodology include:
 - Quoted or published prices for similar assets or liabilities in less active or inactive markets
 - Inputs other than quoted or published prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation to other means.

The College Retirement Equities Fund (CREF) accounts are registered with the Securities and Exchange Commission under the Investment Company Act of 1940. Daily unit values for the CREF accounts and the TIAA Real Estate Account have readily determinable fair values (RDFV) and are published values. The CREF accounts are able to be redeemed on a daily basis whereas the TIAA Real Estate Account is only redeemable once per quarter. These investments are not available to the general public and do not trade with the same volume, as an active market. Therefore, the plan administrator has classified these investments as Level 2.

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

Investments in TIAA Traditional Annuity Contracts – Non-Benefit Responsive

Investments in TIAA Traditional Annuities contracts are reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist, and accordingly, these investments are valued using unobservable inputs. The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to certain types of contracts that could impact the value realized upon exiting the contract. See also note 1(c) for discussion of the TIAA Traditional Annuities.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

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

The following table presents investments that are measured at fair value on a recurring basis at December 31, 2024:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value:				
Equity funds	\$ 150,426,299	90,149,750	60,276,549	—
Fixed income funds	11,361,807	10,165,121	1,196,686	—
Balanced funds	142,625,990	131,570,581	11,055,409	—
Money market funds	3,694,047	1,060,107	2,633,940	—
Pooled separate account	10,193,243	—	10,193,243	—
Traditional annuity	37,109,906	—	—	37,109,906
Self-directed accounts	2,419,911	2,419,911	—	—
Total investments at fair value	<u>\$ 357,831,203</u>	<u>235,365,470</u>	<u>85,355,827</u>	<u>37,109,906</u>

The following table presents investments that are measured at fair value on a recurring basis at December 31, 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value:				
Equity funds	\$ 129,743,095	75,980,477	53,762,618	—
Fixed income funds	9,691,774	8,194,206	1,497,568	—
Balanced funds	122,716,854	113,271,965	9,444,889	—
Money market funds	3,225,688	970,367	2,255,321	—
Pooled separate account	10,578,084	—	10,578,084	—
Traditional annuity	37,220,988	—	—	37,220,988
Self-directed accounts	1,423,982	1,423,982	—	—
Total investments at fair value	<u>\$ 314,600,465</u>	<u>199,840,997</u>	<u>77,538,480</u>	<u>37,220,988</u>

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents the changes in the Plan's Level 3 investments for the year ended December 31, 2024:

Fair value at beginning of year	\$	37,220,988
Changes:		
Realized gain (net of fees)		1,174,673
Unrealized gain		45,097
Purchases		4,050,127
Sales		(5,825,354)
Interest		444,375
		(111,082)
Fair value at end of year	\$	37,109,906

The following table represents the Plan's Level 3 investments, the valuation techniques used to measure the fair value, and the significant unobservable inputs and the ranges of value for those inputs:

Instrument	2024 Fair value	Valuation technique	Significant unobservable input	Range applied
TIAA Traditional Annuity	\$ 37,109,906	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.65% -6.75%

(5) Fully Benefit-Responsive Investment Contracts

SRA, GSRA, and RCP contracts are also traditional annuity contracts as discussed in note 1(c). SRA GSRA and RCP contracts have no liquidity restrictions and are therefore fully benefit-responsive contracts reported at contract value. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the Statement of Changes in Net Assets Available for Benefits.

(6) Related-Party Transactions and Party-in-Interest Transactions

Plan investments are shares of fixed annuities, variable annuities, or mutual funds managed by TIAA-CREF, Fidelity, Ascensus, Vanguard, and American Century. TIAA-CREF, Fidelity, Ascensus, and American Century are the custodians as defined by the Plan, and therefore, these transactions all qualify as party-in-interest transactions. Fees paid by the Plan to these custodians for the investment management services amounted to \$640,863 for the year ended December 31, 2024.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(7) Plan Termination

The Association has expressed its intent to continue the Plan indefinitely for the benefit of its employees but reserves the right to terminate or amend the Plan, if necessary. In the event the Plan is terminated or contributions are discontinued, the Association will notify all participants of the termination and assets will be distributed in accordance with ERISA.

(8) Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

The plan administrator 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. There are currently no audits for any tax periods in progress. Under IRS statute of limitations, the Plan is no longer subject to income tax examinations for years prior to 2017.

(9) Nonexempt Transactions

For the plan year ended December 31, 2024, and 2023, employee withholdings in the amount of \$200.00 and \$1,248 respectively were remitted to the Plan beyond that appropriate time period established by the Plan. These transactions constitute prohibited transactions as defined by ERISA. The Association calculated total lost earnings and remitted to the Plan for \$28.25 related to the 2023 late remittances. The lost earnings related to the 2024 late remittances will be calculated and remitted to the Plan.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 374,626,689	331,587,880
less: Deemed distributions	(48,779)	—
Net assets available for benefits per the Form 5500	\$ 374,577,910	331,587,880

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits per the financial statements	\$	43,038,809
less: Current year deemed distributions		(48,779)
add: Prior year deemed distributions		<u>—</u>
Net income per the Form 5500	\$	<u><u>42,990,030</u></u>

The following is a reconciliation of notes receivable from participants per the financial statements to participant loans per the Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Notes receivable from participants per the financial	\$ 1,478,457	1,251,655
less: Deemed distributions	<u>(48,779)</u>	<u>—</u>
Participant loans per the Form 5500	<u><u>\$ 1,429,678</u></u>	<u><u>1,251,655</u></u>

(11) Subsequent Events

The Plan has evaluated subsequent events through October 16, 2025 the date at which the financial statements were available to be issued and concluded there are no subsequent events that require adjustment or disclosure in the financial statements.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Years ended December 31, 2024 and 2023

The following table represents delinquent participant contributions for the year ended December 31, 2024.

<u>Participant contributions transferred late to Plan</u>	<u>Total that constitute nonexempt prohibited transactions</u>			<u>Total fully corrected under VFCP and PTE 2002-51</u>
	<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>	<u>Contributions pending correction in VFCP</u>	
<u>Check here if Late Participant Loan Repayment are included:</u>				
\$ —	—	200	—	—

The following table represents delinquent participant contributions for the year ended December 31, 2023.

<u>Participant contributions transferred late to Plan</u>	<u>Total that constitute nonexempt prohibited transactions</u>			<u>Total fully corrected under VFCP and PTE 2002-51</u>
	<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>	<u>Contributions pending correction in VFCP</u>	
<u>Check here if Late Participant Loan Repayment are included:</u>				
\$ —	—	1,248	—	—

See accompanying independent auditors' report.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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

December 31, 2024

(As certified by custodians)

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares/units	Current value
Teachers' Insurance Annuity Association and College Retirement Equities Fund**:			
CREF Stock Account	Global	45,947	\$ 41,874,755
Vanguard Inst Idx Inst	Domestic Large Cap	74,117	35,494,646
TIAA Traditional Annuity	Non-Benefit responsive (illiquid)	—	31,149,046
TIAA-CREF Lfycle Idx 2045-Inst	Lifecycle Funds	783,078	24,173,608
TIAA-CREF Lfycle Idx 2050-Inst	Lifecycle Funds	727,938	22,922,754
TIAA-CREF Lfycle Idx 2040-Inst	Lifecycle Funds	774,350	22,672,969
TIAA-CREF Lfycle Idx 2035-Inst	Lifecycle Funds	663,174	17,753,172
TIAA-CREF Lfycle Idx 2030-Inst	Lifecycle Funds	639,040	15,432,813
CREF Social Choice Account	Other Balanced Funds	30,116	11,055,409
TIAA Real Estate Account	Sector Fund-Real Estate	22,099	10,193,243
Harbor Capital Appreciation Rt	Domestic Large Cap	82,597	9,426,797
CREF Growth Account	Domestic Large Cap	17,118	8,979,369
TIAA Traditional Annuity	Benefit responsive (liquid)	—	8,933,498
Vanguard Tl Intl Stk Idx Inst	International Foreign	69,360	8,789,353
TIAA-CREF Lifecycle Index 2055 Fund Institutional	Lifecycle Funds	294,887	7,513,713
TIAA-CREF Lfycle Idx 2025-Inst	Lifecycle Funds	344,593	7,357,065
TIAA-CREF Lfycle Idx 2020-Inst	Lifecycle Funds	345,637	6,515,263
TIAA Traditional Benefit Responsive 2	Benefit responsive (liquid)	—	6,383,531
Vanguard Total Bond Market Index	Fixed Income Intermediate-Term Bond	664,033	6,295,030
Vanguard Extended Mkt Idx Inst	Domestic Mid Cap	41,815	6,024,310
MFS Value Fund Class R6	Domestic Large Cap	123,055	5,953,398
TIAA Traditional Non Benefit Responsive 2	Non-Benefit responsive (illiquid)	—	5,926,223
American Funds EuroPacific Gr R6	International Foreign	110,271	5,923,781
CREF Equity Index Account	Domestic Large Cap	10,712	5,505,714
MFS Mid Cap Value R5	Domestic Mid Cap	165,742	5,268,932
CREF Global Equities Account	Global	11,313	3,916,710
Allspring Spec SmallCap Val R6	Domestic Small Cap	83,269	3,350,732
Dodge & Cox Income Fund	Fixed Income Intermediate-Term Bond	256,003	3,171,883
CREF Money Market Account	Money Market Funds	88,873	2,633,940
TIAA-CREF Self Directed Acct	Self Directed Accounts	2,419,911	2,419,911
TIAA-CREF Lfycle Idx 2060-Inst	Lifecycle Funds	95,039	1,880,826
MFS Mid Cap Growth Fund R6	Domestic Mid Cap	55,089	1,730,908
Principal Small Cap Grwth I R6	Domestic Small Cap	90,532	1,348,929
TIAA-CREF Lfycle Idx 2010-Inst	Lifecycle Funds	76,482	1,244,356
TIAA-CREF Money Market-Inst	Money Market Funds	966,030	966,030
CREF Bond Market Account	Fixed Income Intermediate-Term Bond	5,167	691,447
TIAA-CREF Lfycle Idx 2015-Inst	Lifecycle Funds	37,795	642,512
CREF Inflation-Linked Bond Account	Fixed Income Inflation-Protected Bond	5,994	505,240
TIAA-CREF Lfycle Idx RtlN-Inst	Lifecycle Funds	17,576	280,859
TIAA-CREF Lifecycle Index 2065 Fund Institutional	Lifecycle Funds	18,302	259,699
TIAA Traditional Annuity	Plan loan default fund	—	34,637
Ascensus Trust Company**:			
Vanguard 500 Index Admiral	Domestic Large Cap	2,760	1,498,252
Vanguard Growth Index Admiral	Domestic Large Cap	2,226	470,152
Vanguard Large Cap Index Admiral	Domestic Large Cap	2,509	341,674
Vanguard Target Retirement 2045 Fund	Lifecycle Funds	11,322	335,918
Vanguard Long-Term Investment-Grade Inv	Other Fixed Income	42,546	320,374
Vanguard Small Cap Index Admiral	Domestic Small Cap	2,601	299,547
Vanguard International Growth Admiral	International Foreign	2,848	289,289
Vanguard US Growth Admiral	Domestic Large Cap	1,318	243,795
Vanguard Value Index Admiral	Domestic Large Cap	3,321	219,348
Vanguard Target Retirement 2050 Fund	Lifecycle Funds	4,376	218,122
Vanguard LifeStrategy Moderate Growth Fund	Lifecycle Funds	5,568	174,437
Vanguard Target Retirement 2040 Fund	Lifecycle Funds	3,800	164,249
Vanguard Growth & Income Admiral	Domestic Large Cap	1,539	156,919
Vanguard Real Estate Index Admiral	Sector Funds	1,053	133,019
Vanguard Total Stock Mkt Idx Admiral	Domestic Large Cap	903	127,391
Vanguard Target Retirement 2035 Fund	Lifecycle Funds	5,147	123,423
Vanguard Small Cap Value Index Admiral	Domestic Small Cap	1,357	115,603
Vanguard Windsor Admiral	Domestic Large Cap	1,480	104,566
Vanguard High-Yield Corporate Admiral	Other Fixed Income	17,629	95,550
Vanguard Balanced Index Admiral	Other Balanced Funds	1,938	93,941
Vanguard Total Bond Market Index Admiral	Fixed Income Intermediate-Term Bond	9,404	89,153
Vanguard Windsor Fund Investor	Domestic Large Cap	3,956	82,912
Vanguard Cash Reserves Federal Money	Money Market Funds	80,290	80,290

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(As certified by custodians)

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares/units	Current value
Vanguard Emerging Mkts Stock Idx Admiral	International Emerging Markets	2,152	\$ 79,129
Vanguard International Value Fund	International Foreign	1,895	71,198
Vanguard Dividend Growth Fund	Domestic Large Cap	1,892	68,511
Vanguard Total Intl Stock Index Admiral	International Foreign	1,945	61,641
Vanguard Target Retirement 2025 Fund	Lifecycle Funds	3,286	61,416
Vanguard Developed Markets Index Admiral	International Foreign	3,800	58,366
Vanguard Total Intl Bd Idx Admiral	Other Fixed Income	2,964	58,189
Vanguard Long-Term Treasury Admiral	Other Fixed Income	7,038	55,533
Vanguard Windsor II Admiral	Domestic Large Cap	704	55,285
Vanguard Target Retirement 2030 Fund	Lifecycle Funds	1,292	48,942
Vanguard Health Care Admiral	Sector Funds	554	42,562
Vanguard Target Retirement 2055 Fund	Lifecycle Funds	743	41,317
Vanguard Explorer Admiral	Domestic Small Cap	203	21,679
Vanguard Small Cap Growth Index Admiral	Domestic Small Cap	118	11,656
Vanguard Short-Term Bond Index Admiral	Other Fixed Income	721	7,305
Vanguard Pacific Stock Index Admiral	International Foreign	41	3,586
Vanguard Strategic Equity Fund	Domestic Mid Cap	10	368
Vanguard Wellington Fund Investor	Other Balanced Funds	5	196
Vanguard Star Fund	Other Balanced Funds	4	109
Vanguard LifeStrategy Growth Fund	Other Balanced Funds	—	4
Vanguard Equity Income Fund Investor	Domestic Large Cap	—	1
Fidelity Management Trust Company**:			
Fidelity Magellan	Domestic Large Cap	43,686	647,871
Fidelity Freedom 2035 K	Lifecycle Funds	35,297	552,404
Fidelity Freedom 2040 K	Lifecycle Funds	32,430	374,892
Fidelity Low Priced Stock	Domestic Mid Cap	8,521	347,238
Fidelity Freedom 2030 K	Lifecycle Funds	14,319	251,303
Fidelity Contrafund	Domestic Large Cap	9,419	198,085
Fidelity Freedom 2020 K	Lifecycle Funds	10,022	143,922
Fidelity Growth Strategies	Domestic Mid Cap	2,123	140,889
Fidelity Dividend Growth	Domestic Large Cap	3,463	132,352
Fidelity Freedom 2045 K	Lifecycle Funds	9,010	121,366
Fidelity International Cap	International Foreign	3,264	89,899
Fidelity Blue Chip	Domestic Large Cap	337	76,568
Fidelity Freedom 2050 K	Lifecycle Funds	5,502	75,102
Fidelity Select FinTech Portfolio	Sector Funds	3,159	61,222
Fidelity Select Portfolio Natural Resources Fund	Sector Funds	1,458	60,653
Fidelity Select Insurance Portfolio	Domestic Mid Cap	511	46,118
Fidelity Growth Company	Domestic Large Cap	997	40,206
Fidelity Equity Income	Domestic Large Cap	497	36,630
Fidelity Asset Manager	Other Balanced Funds	1,350	35,684
Fidelity 500 Index Fund	Domestic Large Cap	163	33,220
Fidelity Global Commodity Stock Fund	Sector Funds	1,824	32,745
Fidelity Mid Cap Index Fund	Domestic Mid Cap	955	32,255
Fidelity Small Cap Index Fund	Domestic Small Cap	1,138	31,501
Fidelity Total Bond Fund	Fixed Income Intermediate-Term Bond	3,135	29,467
Fidelity Small Cap Growth	Domestic Small Cap	820	27,438
Fidelity OTC	Domestic Large Cap	992	21,294
Fidelity Strategic Real Return Fund	Other Balanced Funds	2,487	20,912
Fidelity Select Semiconductors Portfolio	Sector Funds	582	19,492
Fidelity Canada Fund	International Foreign	261	17,127
Fidelity Emerging Markets Index Fund	International Emerging Markets	1,571	16,433
Fidelity Global ex U.S. Index Fund	International Foreign	1,112	16,029
Fidelity Mid Cap	Domestic Mid Cap	282	11,973
Fidelity Stock Selector Mid Cap Fund	Domestic Mid Cap	234	10,558
Fidelity Focused High Income Fund	Other Fixed Income	1,244	10,050
Fidelity Emerging Markets	International Emerging Markets	211	8,027
Fidelity Worldwide Fund	International Foreign	204	7,097
Fidelity Capital & Income Fund	Other Fixed Income	659	6,685
Fidelity Government Money Market Fund – Premium	Money Market Funds	6,419	6,419
Fidelity Short-Term Treasury Bond Index Fund	Other Fixed Income	622	6,316
Fidelity Corporate Bond Fund	Fixed Income Intermediate-Term Bond	603	6,277
Fidelity Intermediate Treasury Bond Index Fund	Fixed Income Intermediate-Term Bond	646	6,101
Fidelity Freedom 2025 K	Lifecycle Funds	436	5,938

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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

December 31, 2024

(As certified by custodians)

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Fidelity Long-Term Treasury Bond Index Fund	Other Fixed Income	635	\$ 5,822
Fidelity Balanced	International Emerging Markets	145	4,299
Fidelity Freedom 2010 K	Fixed Income Intermediate-Term Bond	306	4,263
Fidelity Growth & Income	Other Fixed Income	51	3,135
Fidelity Select Energy	Other Fixed Income	50	2,821
Fidelity Freedom Income Fund – Class K	Money Market Funds	260	2,741
Fidelity Select Pharmaceuticals	Lifecycle Funds	100	2,527
Fidelity Select Materials	Other Balanced Funds	23	1,946
Fidelity Real Estate	Sector Funds	41	1,576
Fidelity Inflation-Protected Bond Index Fund	Lifecycle Funds	156	1,386
Fidelity Freedom 2055 K	Domestic Large Cap	81	1,288
Fidelity Select Gold	Sector Funds	38	930
Fidelity Government Money Market	Sector Funds	299	299
American Century Investments**:			
American Century One Choice Investor	Other Balanced Funds	—	48,903
American Century Growth Investor	Domestic Large Cap	—	36,950
American Century Ultra Investor	Domestic Large Cap	—	21,722
American Century Select Investor	Domestic Large Cap	—	17,448
American Century Value Fund Investor Class	Domestic Large Cap	—	12,831
American Century Balanced Investor	Money Market Funds	—	9,749
American Century Prime Money Market	Other Balanced Funds	—	7,069
American Century Livestrong 2025 Investor	Lifecycle Funds	—	5,761
American Century Equity Income Investor	Domestic Large Cap	—	5,749
American Century Real Estate Investor	Sector Funds	—	5,543
American Century Utilities Investor	Sector Funds	—	4,738
American Century Livestrong 2050 Investor	Domestic Large Cap	—	369
American Century Emerging Markets Investor	Fixed Income Intermediate-Term Bond	—	367
American Century Global Gold Investor	Lifecycle Funds	—	314
Notes receivable from participants**	Notes with interest rates ranging 4.25% to 9.50%		1,478,457
			<u>\$ 374,626,689</u>

** Party-in-interest

Note: The above information has been certified as complete and accurate by the custodians of the plan TIAA-CREF, Fidelity Management Trust Company and Ascensus, with the exception of funds held by American Century Investments.

See accompanying independent auditors' report.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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Vanguard Tl Intl Stk Idx Inst	International Foreign	69,360	8,789,353
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Vanguard Long-Term Investment-Grade Inv	Other Fixed Income	42,546	320,374
Vanguard Small Cap Index Admiral	Domestic Small Cap	2,601	299,547
Vanguard International Growth Admiral	International Foreign	2,848	289,289
Vanguard US Growth Admiral	Domestic Large Cap	1,318	243,795
Vanguard Value Index Admiral	Domestic Large Cap	3,321	219,348
Vanguard Target Retirement 2050 Fund	Lifecycle Funds	4,376	218,122
Vanguard LifeStrategy Moderate Growth Fund	Lifecycle Funds	5,568	174,437
Vanguard Target Retirement 2040 Fund	Lifecycle Funds	3,800	164,249
Vanguard Growth & Income Admiral	Domestic Large Cap	1,539	156,919
Vanguard Real Estate Index Admiral	Sector Funds	1,053	133,019
Vanguard Total Stock Mkt Idx Admiral	Domestic Large Cap	903	127,391
Vanguard Target Retirement 2035 Fund	Lifecycle Funds	5,147	123,423
Vanguard Small Cap Value Index Admiral	Domestic Small Cap	1,357	115,603
Vanguard Windsor Admiral	Domestic Large Cap	1,480	104,566
Vanguard High-Yield Corporate Admiral	Other Fixed Income	17,629	95,550
Vanguard Balanced Index Admiral	Other Balanced Funds	1,938	93,941
Vanguard Total Bond Market Index Admiral	Fixed Income Intermediate-Term Bond	9,404	89,153
Vanguard Windsor Fund Investor	Domestic Large Cap	3,956	82,912
Vanguard Cash Reserves Federal Money	Money Market Funds	80,290	80,290

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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

December 31, 2024

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Vanguard Emerging Mkts Stock Idx Admiral	International Emerging Markets	2,152	\$ 79,129
Vanguard International Value Fund	International Foreign	1,895	71,198
Vanguard Dividend Growth Fund	Domestic Large Cap	1,892	68,511
Vanguard Total Intl Stock Index Admiral	International Foreign	1,945	61,641
Vanguard Target Retirement 2025 Fund	Lifecycle Funds	3,286	61,416
Vanguard Developed Markets Index Admiral	International Foreign	3,800	58,366
Vanguard Total Intl Bd Idx Admiral	Other Fixed Income	2,964	58,189
Vanguard Long-Term Treasury Admiral	Other Fixed Income	7,038	55,533
Vanguard Windsor II Admiral	Domestic Large Cap	704	55,285
Vanguard Target Retirement 2030 Fund	Lifecycle Funds	1,292	48,942
Vanguard Health Care Admiral	Sector Funds	554	42,562
Vanguard Target Retirement 2055 Fund	Lifecycle Funds	743	41,317
Vanguard Explorer Admiral	Domestic Small Cap	203	21,679
Vanguard Small Cap Growth Index Admiral	Domestic Small Cap	118	11,656
Vanguard Short-Term Bond Index Admiral	Other Fixed Income	721	7,305
Vanguard Pacific Stock Index Admiral	International Foreign	41	3,586
Vanguard Strategic Equity Fund	Domestic Mid Cap	10	368
Vanguard Wellington Fund Investor	Other Balanced Funds	5	196
Vanguard Star Fund	Other Balanced Funds	4	109
Vanguard LifeStrategy Growth Fund	Other Balanced Funds	—	4
Vanguard Equity Income Fund Investor	Domestic Large Cap	—	1
Fidelity Management Trust Company**:			
Fidelity Magellan	Domestic Large Cap	43,686	647,871
Fidelity Freedom 2035 K	Lifecycle Funds	35,297	552,404
Fidelity Freedom 2040 K	Lifecycle Funds	32,430	374,892
Fidelity Low Priced Stock	Domestic Mid Cap	8,521	347,238
Fidelity Freedom 2030 K	Lifecycle Funds	14,319	251,303
Fidelity Contrafund	Domestic Large Cap	9,419	198,085
Fidelity Freedom 2020 K	Lifecycle Funds	10,022	143,922
Fidelity Growth Strategies	Domestic Mid Cap	2,123	140,889
Fidelity Dividend Growth	Domestic Large Cap	3,463	132,352
Fidelity Freedom 2045 K	Lifecycle Funds	9,010	121,366
Fidelity International Cap	International Foreign	3,264	89,899
Fidelity Blue Chip	Domestic Large Cap	337	76,568
Fidelity Freedom 2050 K	Lifecycle Funds	5,502	75,102
Fidelity Select FinTech Portfolio	Sector Funds	3,159	61,222
Fidelity Select Portfolio Natural Resources Fund	Sector Funds	1,458	60,653
Fidelity Select Insurance Portfolio	Domestic Mid Cap	511	46,118
Fidelity Growth Company	Domestic Large Cap	997	40,206
Fidelity Equity Income	Domestic Large Cap	497	36,630
Fidelity Asset Manager	Other Balanced Funds	1,350	35,684
Fidelity 500 Index Fund	Domestic Large Cap	163	33,220
Fidelity Global Commodity Stock Fund	Sector Funds	1,824	32,745
Fidelity Mid Cap Index Fund	Domestic Mid Cap	955	32,255
Fidelity Small Cap Index Fund	Domestic Small Cap	1,138	31,501
Fidelity Total Bond Fund	Fixed Income Intermediate-Term Bond	3,135	29,467
Fidelity Small Cap Growth	Domestic Small Cap	820	27,438
Fidelity OTC	Domestic Large Cap	992	21,294
Fidelity Strategic Real Return Fund	Other Balanced Funds	2,487	20,912
Fidelity Select Semiconductors Portfolio	Sector Funds	582	19,492
Fidelity Canada Fund	International Foreign	261	17,127
Fidelity Emerging Markets Index Fund	International Emerging Markets	1,571	16,433
Fidelity Global ex U.S. Index Fund	International Foreign	1,112	16,029
Fidelity Mid Cap	Domestic Mid Cap	282	11,973
Fidelity Stock Selector Mid Cap Fund	Domestic Mid Cap	234	10,558
Fidelity Focused High Income Fund	Other Fixed Income	1,244	10,050
Fidelity Emerging Markets	International Emerging Markets	211	8,027
Fidelity Worldwide Fund	International Foreign	204	7,097
Fidelity Capital & Income Fund	Other Fixed Income	659	6,685
Fidelity Government Money Market Fund – Premium	Money Market Funds	6,419	6,419
Fidelity Short-Term Treasury Bond Index Fund	Other Fixed Income	622	6,316
Fidelity Corporate Bond Fund	Fixed Income Intermediate-Term Bond	603	6,277
Fidelity Intermediate Treasury Bond Index Fund	Fixed Income Intermediate-Term Bond	646	6,101
Fidelity Freedom 2025 K	Lifecycle Funds	436	5,938

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DEFINED CONTRIBUTION RETIREMENT PLAN**

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

December 31, 2024

(As certified by custodians)

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares/units	Current value
Fidelity Long-Term Treasury Bond Index Fund	Other Fixed Income	635	\$ 5,822
Fidelity Balanced	International Emerging Markets	145	4,299
Fidelity Freedom 2010 K	Fixed Income Intermediate-Term Bond	306	4,263
Fidelity Growth & Income	Other Fixed Income	51	3,135
Fidelity Select Energy	Other Fixed Income	50	2,821
Fidelity Freedom Income Fund – Class K	Money Market Funds	260	2,741
Fidelity Select Pharmaceuticals	Lifecycle Funds	100	2,527
Fidelity Select Materials	Other Balanced Funds	23	1,946
Fidelity Real Estate	Sector Funds	41	1,576
Fidelity Inflation-Protected Bond Index Fund	Lifecycle Funds	156	1,386
Fidelity Freedom 2055 K	Domestic Large Cap	81	1,288
Fidelity Select Gold	Sector Funds	38	930
Fidelity Government Money Market	Sector Funds	299	299
American Century Investments**:			
American Century One Choice Investor	Other Balanced Funds	—	48,903
American Century Growth Investor	Domestic Large Cap	—	36,950
American Century Ultra Investor	Domestic Large Cap	—	21,722
American Century Select Investor	Domestic Large Cap	—	17,448
American Century Value Fund Investor Class	Domestic Large Cap	—	12,831
American Century Balanced Investor	Money Market Funds	—	9,749
American Century Prime Money Market	Other Balanced Funds	—	7,069
American Century Livestrong 2025 Investor	Lifecycle Funds	—	5,761
American Century Equity Income Investor	Domestic Large Cap	—	5,749
American Century Real Estate Investor	Sector Funds	—	5,543
American Century Utilities Investor	Sector Funds	—	4,738
American Century Livestrong 2050 Investor	Domestic Large Cap	—	369
American Century Emerging Markets Investor	Fixed Income Intermediate-Term Bond	—	367
American Century Global Gold Investor	Lifecycle Funds	—	314
Notes receivable from participants**	Notes with interest rates ranging 4.25% to 9.50%		1,478,457
			<u>\$ 374,626,689</u>

** Party-in-interest

Note: The above information has been certified as complete and accurate by the custodians of the plan TIAA-CREF, Fidelity Management Trust Company and Ascensus, with the exception of funds held by American Century Investments.

See accompanying independent auditors' report.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

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</p> <p>ASSOCIATION OF AMERICAN MEDICAL COLLEGES DEF. CONT. RETIREMENT PLAN</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)</p> <p>ASSOCIATION OF AMERICAN MEDICAL COLLEGES</p> <p>655 K STREET, N.W. SUITE 100 WASHINGTON, DC 20001-2399</p>	<p>1c Effective date of plan <u>06/10/1952</u></p> <p>2b Employer Identification Number (EIN) <u>36-2169124</u></p> <p>2c Plan Sponsor's telephone number <u>202-828-0400</u></p> <p>2d Business code (see instructions) <u>813000</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	x 	11/14/2025	AMIR MESARWI
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 36-2169124
	3c Administrator's telephone number 202-828-0400

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 2006
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) 845
a(2) Total number of active participants at the end of the plan year	6a(2) 824
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.	6c 1054
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1878
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 4
f Total. Add lines 6d and 6e.	6f 1882
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) 1973
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) 1875
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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:
 2F 2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance (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	(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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____