

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MONMOUTH UNIVERSITY, INC.</u></p> <p><u>400 CEDAR AVENUE</u> <u>WEST LONG BRANCH, NJ 07764-1898</u></p>	<p>1c Effective date of plan <u>09/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>21-0634584</u></p> <p>2c Plan Sponsor's telephone number <u>732-571-4445</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KATHLEEN A. STEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KATHLEEN A. STEIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1629
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)	1042
	6a(2)	966
	6b	0
	6c	719
	6d	1685
	6e	29
	6f	1714
	6g(1)	1629
6g(2)	1627	
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 2R 2T 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</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 MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MONMOUTH UNIVERSITY, INC.	D Employer Identification Number (EIN) 21-0634584

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

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	711219 001	69	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	4 3780122
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 3347462
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 4533618
c Additions: (1) Contributions deposited during the year	(2) Dividends and credits.....	7c(1)
	(3) Interest credited during the year.....	7c(2)
	(4) Transferred from separate account	7c(3) 127197
	(5) Other (specify below)..... ▶	7c(4)
	(6) Total additions	7c(5)
	d Total of balance and additions (add lines 7b and 7c(6))	7c(6) 127197
e Deductions:	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 651382
	(2) Administration charge made by carrier.....	7e(2) 319
	(3) Transferred to separate account	7e(3) 228992
	(4) Other (specify below)..... ▶	7e(4)
	(5) Total deductions	7e(5) 880693
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3780122

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MONMOUTH UNIVERSITY, INC.</p>	<p>D Employer Identification Number (EIN) 21-0634584</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103588	911	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
0	0

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	82856597
5	Current value of plan's interest under this contract in separate accounts at year end.....	63910478
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 80013179
c	Additions: (1) Contributions deposited during the year	7c(1) 1278953
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 3646964
	(4) Transferred from separate account	7c(4) 8693796
	(5) Other (specify below).....	7c(5) 236771
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	
	(6) Total additions	7c(6) 13856484
d	Total of balance and additions (add lines 7b and 7c(6))	7d 93869663
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 4047584
	(2) Administration charge made by carrier.....	7e(2) 82414
	(3) Transferred to separate account	7e(3) 6877846
	(4) Other (specify below).....	7e(4) 5222
▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS		
	(5) Total deductions	7e(5) 11013066
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 82856597

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 MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MONMOUTH UNIVERSITY, INC.	D Employer Identification Number (EIN) 21-0634584	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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

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

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

TIAA

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 17 27 28 38 50 52 54 64 66	NONE	185125	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)

CAP FINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	NONE	57641	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHNREZNICK LLP

33-4144829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64 65	1325	1325	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)

EQUITABLE FINANCIAL LIFE INSURANCE

13-5570651

(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?
25 28 37 58 59 60 62 63 67	NONE	865	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	65338	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>MONMOUTH UNIVERSITY DEFINED CONTRIBUTION 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>MONMOUTH UNIVERSITY, INC.</u>	D Employer Identification Number (EIN) <u>21-0634584</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>8981604</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 MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MONMOUTH UNIVERSITY, INC.	D Employer Identification Number (EIN) 21-0634584

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	534419
(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)	1867189
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	8981604
(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)	258154641
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	86636719
(15) Other	1c(15)	2798219

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	337165862	358972791
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	337165862	358972791

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)	5249153	
(B) Participants.....	2a(1)(B)	6217082	
(C) Others (including rollovers).....	2a(1)(C)	1626235	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13092470
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24083	
(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)	133740	
(F) Other.....	2b(1)(F)	3774161	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3931984
(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)	10009943	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10009943
(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)		-361786
(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)		21071514
c Other income	2c		444904
d Total income. Add all income amounts in column (b) and enter total	2d		48189029

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25070115	
(2) To insurance carriers for the provision of benefits	2e(2)	872453	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		25942568
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		175006
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	5708	
(3) Recordkeeping fees	2i(3)	181607	
(4) IQPA audit fees	2i(4)	17325	
(5) Investment advisory and investment management fees	2i(5)	57641	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2245	
(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)		264526
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26382100

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21806929
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MONMOUTH UNIVERSITY DEFINED CONTRIBUTION 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>MONMOUTH UNIVERSITY, INC.</u>	D Employer Identification Number (EIN) <u>21-0634584</u>	

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-2826183 04-2647786

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

**MONMOUTH UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN**

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

December 31, 2024

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

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Independent Auditor's Report

To the Plan Administrator
Monmouth University Defined Contribution Retirement Plan

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

We were engaged to perform audits of the financial statements of Monmouth University 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 7 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.



Holmdel, New Jersey
October 10, 2025

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 346,529,218	\$ 324,783,939
Investments, at contract value	<u>10,576,384</u>	<u>10,783,307</u>
 Total investments	 <u>357,105,602</u>	 <u>335,567,246</u>
 Other assets		
Notes receivable from participants	 <u>1,867,189</u>	 <u>1,598,616</u>
 Net assets available for benefits	 <u>\$ 358,972,791</u>	 <u>\$ 337,165,862</u>

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 21,150,057
Interest and dividends	<u>13,808,187</u>
Total investment income	<u>34,958,244</u>

Interest income on notes receivable from participants	<u>133,740</u>
---	----------------

Contributions:

Employer	5,249,153
Participant	6,217,082
Rollover	<u>1,626,235</u>
Total contributions	<u>13,092,470</u>

Other income	<u>4,575</u>
--------------	--------------

Total additions	<u>48,189,029</u>
-----------------	-------------------

Deductions:

Benefits paid to participants	26,117,574
Other expenses	<u>264,526</u>
Total deductions	<u>26,382,100</u>

Increase in net assets	21,806,929
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Net assets available for benefits:

Beginning of year	<u>337,165,862</u>
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End of year	<u>\$ 358,972,791</u>
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MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

(1) Description of Plan

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

(a) *General*

The Plan, which was established on September 1, 1952, is a defined contribution plan covering substantially all of the employees of Monmouth University (the "University") except employees who are students performing services described in Internal Revenue Code (the "Code") Section 3121(b)(10). The Plan was established to encourage savings by employees and provide for their retirement and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Code. The Board of Trustees is responsible for oversight of the Plan. The Legal, Human Resources and Benefits Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

(b) *Eligibility*

Employees of the University are eligible to participate in the Plan and elect to have elective deferrals made on their behalf immediately upon hire. Employees who satisfy the eligibility criteria for their employee classification contribute a minimum of 5% of eligible compensation per pay period, and if they are not in an excluded job classification are eligible to receive employer contributions as indicated under Contributions.

(c) *Contributions*

Each year, participants may contribute, in the form of pre-tax deferred salary reductions or after-tax salary deductions, any whole percentage of gross compensation between 1% and 100%, limited to allow for any required tax or benefit deductions. Effective January 1, 2024, participants can make Roth deferred salary reductions, with after-tax salary reductions no longer permitted. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. No employer contributions are made by the University to participants who elect not to participate in the University's defined contribution retirement plan, to participants who elect to defer less than 5% per pay period of eligible compensation, to participants who are covered by a collective bargaining agreement that allows for participation in the Plan but does not provide matching contributions, or to participants in an excludable job classification. The University makes employer contributions to eligible participants as indicated below:

- (1) Faculty (excluding adjunct faculty) - 8% employer contribution on the first day of the month following the completion of two years of service**;
- (2) Administrators* - 8% employer contribution on the first day of the month following the completion of two years of service**;
- (3) Union Staff and Non-Union Staff* - 8% employer contribution on the first day of the month following the completion of two years of service**;
- (4) Police and Supervisory Police - 8% employer contribution on the first day of the month following the completion of two years of service**, and

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

- (5) Facilities Management Employees and Facilities Management Supervisors - 8% employer contribution on the first day of the month following the completion of two years of service**.

As dictated by the Internal Revenue Service (the "IRS"), the maximum combined participant and employer contributions to a participant's account for a Plan year is limited to the lesser of \$69,000 and \$66,000 for 2024 and 2023, respectively, or 100% of the participant's annual compensation. The maximum annual compensation taken into account for determining the contributions allowed to the Plan is \$345,000 and \$330,000, respectively, for 2024 and 2023. The IRS has limited a participant's annual tax deferred contribution to \$23,000 and \$22,500, respectively, for 2024 and 2023. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions allowed by the Code of \$7,500 for 2024 and 2023. Participants with 15 years of service may be eligible to make special 403(b) catch-up contributions not to exceed \$3,000 per annum or \$15,000 in a lifetime.

* See Plan document for excluded job classifications.

** A year of service is a 12-month period in which the employee has completed at least 1,000 hours of service. See Plan document for full details.

(d) *Vesting and Forfeitures*

Participants are fully and immediately vested in the benefits arising from contributions made under this Plan.

(e) *Participant Accounts*

Each participant's account is credited with the participant's contributions and an allocation of the University's contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(f) *Payment of Benefits*

Benefits may be paid upon death, disability, termination, normal retirement or attainment of age 59½ to the participants or their beneficiaries. These benefits are generally paid as allowed under each funding vehicle which may include lump-sum distributions equal to the value of the participant's vested interest in his or her account, forms of single and joint life annuities and fixed period annuities.

(g) *Notes Receivable from Participants*

Loans are available from the Plan through Teachers Insurance and Annuity Association ("TIAA") and College Retirement Equity Fund ("CREF") only. Prior to May 13, 2021, loans were issued directly from funds owned by TIAA and CREF. Adequate security is required and a portion of the participant's account is reserved, or held in 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 an annuity or retirement choice contract, or as a separate retirement loan contract. The loan interest rate for these collateralized 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 an annuity or retirement choice contract, principal repayments increase the amount of TIAA Traditional Annuity 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 annuity or retirement

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

choice contract. For all collateralized plan loans, interest is paid directly to TIAA and CREF. At December 31, 2024 and 2023, participant loans of \$480,991 and \$763,955, respectively, were outstanding under this arrangement.

During 2021, TIAA and CREF announced a phasing out of collateralized plan loans. Effective May 13, 2021, the Plan discontinued issuance of collateralized plan loans. Thereafter, Plan loans are funded from an active participant's account in their retirement plan. The loan interest rate for these retirement plan loans is a fixed rate based on The Wall Street Journal Prime Rate plus 1%. Principal and interest are paid back to the participant's retirement account based on their investment allocation for their contributions. The maximum loan amount is the lesser of 50% of the participant's vested account balance or \$50,000. The repayment period is 1-5 years for a conventional loan or 6-10 years for a primary residence loan. Participant notes receivable as of December 31, 2024 and 2023 was \$1,867,189 and \$1,598,616, respectively.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The financial statements of the Plan have been prepared on the accrual basis of accounting.

The Plan was established in 1952 and was historically viewed as an amalgamation of individual annuity and custodial accounts and the Plan administrator and its service providers did not maintain financial information at a plan level. Because historical records were not maintained or are not available at a plan level, the Plan may have excluded from the accompanying statements of net assets available for benefits certain annuity and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. In recognition of these recordkeeping matters, the Department of Labor ("DOL") released Field Assistance Bulletin ("FAB") No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* ("FAB 2009-02"), as transitional relief, to address situations where a plan's management is not able to obtain historical records. If FAB 2009-02 is implemented, the DOL has indicated that they will not reject Form 5500 where contracts are excluded as long as certain conditions were met. Further, FAB 2009-02 suggests that plan administrators make good faith efforts to include known contracts. While the Plan administrator has, in good faith, included all known contracts, because of certain incomplete records, there is uncertainty that all contracts have been included.

Insurance contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive insurance contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

(b) *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes in net assets available for benefits and, when applicable, disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

(c) *Investment Valuation and Income Recognition*

Investments are reported at fair value, except for fully benefit-responsive insurance contracts which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Legal, Human Resources and Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for a discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Interest income for traditional annuity and stable value accounts, certified by TIAA and CREF as net appreciation, is included in interest income in the statement of changes in net assets available for benefits, as these amounts represent income, rather than appreciation, to participants.

(d) *Fully Benefit-Responsive Investment Contracts*

The Plan holds a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. At December 31, 2024 and 2023, contract value was \$10,576,384 and \$10,783,307, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and ranges between 1% and 3% and has the potential for additional interest if declared by TIAA. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

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.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

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

(e) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(f) *Contributions*

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

(g) *Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the University. Expenses that are paid by the University are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

(h) *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. Related fees are recorded as administrative expenses and are expensed when they are incurred.

(i) *Subsequent Events*

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

(3) *Fair Value Measurements*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 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.

Level 2: Inputs to the valuation methodology include:

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

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

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

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

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Insurance Contracts: These investments are stated at fair value, which is equal to contributions plus interest, less withdrawals and fees. As the TIAA CREF insurance contract is contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs. Liquidity restrictions apply to certain types of contracts that could impact the value realized upon exiting the contract.

Registered Investment Companies: These investments are valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Self-directed Accounts: These accounts consist primarily of mutual funds that are valued on the basis of readily determinable market prices and are deemed to be actively traded.

Pooled Separate Account: Valued at the unit value reported by the account. The unit value is listed on the National Association of Securities Dealers Automated Quotations ("NASDAQ") website and updated overnight for each day that NASDAQ is open. The pooled separate account held by the Plan is deemed to be actively traded.

Variable Annuity Contracts: These investments are valued at NAV, which is based on the fair value of the underlying assets of the account. NAV is used as the practical expedient to fair value.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

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

	2024			
	Total	Level 1	Level 2	Level 3
Insurance contracts:				
AXA Guaranteed Interest Account - Fixed Interest Option Variable Annuity	\$ 3,780,122		\$ 3,780,122	
TIAA CREF Traditional Non-Benefit Responsive - Fixed Annuity Contract	72,280,213			\$ 72,280,213
Total insurance contracts	<u>76,060,335</u>		3,780,122	<u>72,280,213</u>
Cash in interest-bearing accounts	534,419	\$ 534,419		
Registered investment companies	254,807,179	254,807,179		
Pooled separate account	8,981,604	8,981,604		
Self-directed accounts	2,798,219	2,798,219		
Total investments in the fair value hierarchy	<u>343,181,756</u>	<u>\$ 267,121,421</u>	<u>\$ 3,780,122</u>	<u>\$ 72,280,213</u>
Investments measured at NAV (a) -				
Variable annuity contracts	<u>3,347,462</u>			
Total investments at fair value	<u>\$ 346,529,218</u>			
	2023			
	Total	Level 1	Level 2	Level 3
Insurance contracts:				
AXA Guaranteed Interest Account - Fixed Interest Option Variable Annuity	\$ 4,533,618		\$ 4,533,618	
TIAA CREF Traditional Non-Benefit Responsive - Fixed Annuity Contract	69,229,872			\$ 69,229,872
Total insurance contracts	<u>73,763,490</u>		4,533,618	<u>69,229,872</u>
Cash in interest-bearing accounts	460,459	\$ 460,459		
Registered investment companies	236,631,710	236,631,710		
Pooled separate account	8,577,871	8,577,871		
Self-directed accounts	1,993,332	1,993,332		
Total investments in the fair value hierarchy	<u>321,426,862</u>	<u>\$ 247,663,372</u>	<u>\$ 4,533,618</u>	<u>\$ 69,229,872</u>
Investments measured at NAV (a) -				
Variable annuity contracts	<u>3,357,077</u>			
Total investments at fair value	<u>\$ 324,783,939</u>			

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

For the years ended December 31, 2024 and 2023, there was \$11,346,661 and \$8,883,581 of purchases of Level 3 assets, respectively. There were no transfers into or out of Level 3 during 2024.

Quantitative Information Regarding Level 3 Fair Value Measurements: The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	2024 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
TIAA Traditional Annuity	\$72,280,213	Discounted Cash Flow/ Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	RA - 3.65% - 6.50% RC - 3.90% - 6.75%	N/A

Instrument	2023 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
TIAA Traditional Annuity	\$69,229,872	Discounted Cash Flow/ Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	RA - 4.00% - 6.75% RC - 4.25% - 7.00%	N/A

RA - Retirement Annuity
RC - Retirement Choice

(4) Related-Party Transactions

Certain Plan investments are managed by Fidelity Management Trust Company and AXA Equitable, the custodians of the Plan, and TIAA and CREF, the custodian of certain investments and also the recordkeeper as agent for TIAA, FSB, the custodian of other investments, and, therefore, transactions with these parties qualify as party-in-interest transactions.

TIAA and CREF provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement ("MSA") between the University and TIAA and CREF. TIAA and CREF receives revenue from investment service providers for services TIAA and CREF provides to the funds. This revenue is used to offset certain amounts owed to TIAA and CREF for its administrative services to the Plan.

If the revenue received by TIAA and CREF from such investment service providers exceeds the amount owed under the MSA, TIAA and CREF remits the excess to the Plan's trust on a periodic basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Plan or Plan sponsor may make a payment to TIAA and CREF for administrative expenses not covered by revenue sharing.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to Financial Statements

(5) Plan Termination

The University has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it either impossible or inadvisable to continue the Plan, the University reserves the right at any time to amend, modify, or terminate the Plan subject to the provisions of ERISA. No such event will reduce the participant's accrued benefit.

(6) Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(7) Certification by the Custodians

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2024 and 2023, and investment income and interest income on notes receivable from participants for the year ended December 31, 2024, that are disclosed in the accompanying financial statements and supplemental schedule, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TIAA and CREF, the custodian of certain investments and also the recordkeeper as agent for TIAA, FSB, the custodian of the other investments, and Fidelity Management Trust Company and AXA Equitable Life Insurance Company, the other custodians of the Plan.

(8) Risks and Uncertainties

The Plan invests in various 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 certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	TIAA CREF Traditional Non-Benefit Responsive - Fixed Annuity Contract	Insurance Contracts		\$	72,280,213
*	AXA Guaranteed Interest Account - Fixed Interest Option Variable Annuity	Insurance Contracts			3,780,122
					<u>76,060,335</u>
	AM FDS Cap Wrld GRW AND INC R6	Registered Investment Companies	229,961.87		14,609,477
	Columbia Mid Cap Index Inst2	Registered Investment Companies	252,965.67		3,817,251
*	CREF Core Bond R2	Registered Investment Companies	10,061.59		1,346,550
*	CREF Equity Index R2	Registered Investment Companies	4,728.71		2,430,541
*	CREF Global Equities R2	Registered Investment Companies	5,830.28		2,018,536
*	CREF Growth R2	Registered Investment Companies	8,422.54		4,418,132
*	CREF Inflation-Linked Bond R2	Registered Investment Companies	6,455.31		544,148
*	CREF Money Market R2	Registered Investment Companies	28,867.35		855,548
*	CREF Social Choice R2	Registered Investment Companies	11,819.37		4,338,763
*	CREF Social Choice R4	Registered Investment Companies	23,484.58		8,707,095
*	CREF Stock R2	Registered Investment Companies	16,899.09		15,401,362
*	CREF Stock R4	Registered Investment Companies	16,152.41		14,868,199
	Dodge & Cox Income Fund - C1 X	Registered Investment Companies	882,017.30		10,928,194
	FedHermes MDT Small Cap Gr R6	Registered Investment Companies	51,637.08		1,452,551
*	FID 500 INDEX	Registered Investment Companies	1,225.23		250,179
*	FID ASSET MGR 50%	Registered Investment Companies	18,653.72		381,282
*	FID ASSET MGR 70%	Registered Investment Companies	4,384.56		119,742
*	FID ASSET MGR 85%	Registered Investment Companies	2,738.48		72,378
*	FID BALANCED	Registered Investment Companies	5,989.29		177,043
*	FID BLUE CHIP GR	Registered Investment Companies	6,797.96		1,544,293
*	FID CANADA	Registered Investment Companies	45.35		2,979
*	FID CAPITAL & INCOME	Registered Investment Companies	37,710.22		382,759
*	FID CHINA REGION	Registered Investment Companies	47.17		1,834
*	FID CONTRAFUND	Registered Investment Companies	24,264.47		510,282
*	FID CORPORATE BOND	Registered Investment Companies	2,074.68		21,597

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	FID DISCIPLND EQTY	Registered Investment Companies	2,788.02		187,160
*	FID DIVERSIFD INTL	Registered Investment Companies	407.76		17,191
*	FID EMERGING MKTS	Registered Investment Companies	48.83		1,860
*	FID EMRG MKTS IDX	Registered Investment Companies	3,316.82		34,694
*	FID ENV ALT ENERGY	Registered Investment Companies	1,307.46		51,527
*	FID EQ DIV INCOME	Registered Investment Companies	705.30		19,847
*	FID EQUITY INC	Registered Investment Companies	363.52		26,780
*	FID EUROPE	Registered Investment Companies	73.34		2,544
*	FID FDM IDX 2020 IPR	Registered Investment Companies	14,930.57		235,455
*	FID FOCUSED STOCK	Registered Investment Companies	514.80		19,490
*	FID FREEDOM 2010 K	Registered Investment Companies	25,884.57		360,313
*	FID FREEDOM 2020 K	Registered Investment Companies	26,568.12		381,518
*	FID FREEDOM 2025 K	Registered Investment Companies	22,524.53		306,559
*	FID FREEDOM 2030 K	Registered Investment Companies	32,710.30		574,066
*	FID FREEDOM 2035 K	Registered Investment Companies	3,400.93		53,225
*	FID FREEDOM 2040 K	Registered Investment Companies	66,157.74		764,784
*	FID FREEDOM 2045 K	Registered Investment Companies	7,595.07		102,306
*	FID FREEDOM INC K	Registered Investment Companies	5,270.42		55,550
*	FID GROWTH & INC	Registered Investment Companies	4,099.78		253,613
*	FID GROWTH COMPANY	Registered Investment Companies	32,560.87		1,313,505
*	FID GROWTH STRAT	Registered Investment Companies	1,355.09		89,937
*	FID INFL PR BD IDX	Registered Investment Companies	11,119.33		98,851
*	FID INTERMED BOND	Registered Investment Companies	5,374.23		54,119
*	FID INTL DISCOVERY	Registered Investment Companies	1,248.91		59,835
*	FID INTL INDEX	Registered Investment Companies	858.76		40,825
*	FID LOW PRICED STK	Registered Investment Companies	48.76		1,987
*	FID LT TR BD IDX	Registered Investment Companies	4,698.52		43,085
*	FID MAGELLAN	Registered Investment Companies	40,989.39		607,873

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	FID DISCIPLND EQTY	Registered Investment Companies	2,788.02		187,160
*	FID DIVERSIFD INTL	Registered Investment Companies	407.76		17,191
*	FID EMERGING MKTS	Registered Investment Companies	48.83		1,860
*	FID EMRG MKTS IDX	Registered Investment Companies	3,316.82		34,694
*	FID ENV ALT ENERGY	Registered Investment Companies	1,307.46		51,527
*	FID EQ DIV INCOME	Registered Investment Companies	705.30		19,847
*	FID EQUITY INC	Registered Investment Companies	363.52		26,780
*	FID EUROPE	Registered Investment Companies	73.34		2,544
*	FID FDM IDX 2020 IPR	Registered Investment Companies	14,930.57		235,455
*	FID FOCUSED STOCK	Registered Investment Companies	514.80		19,490
*	FID FREEDOM 2010 K	Registered Investment Companies	25,884.57		360,313
*	FID FREEDOM 2020 K	Registered Investment Companies	26,568.12		381,518
*	FID FREEDOM 2025 K	Registered Investment Companies	22,524.53		306,559
*	FID FREEDOM 2030 K	Registered Investment Companies	32,710.30		574,066
*	FID FREEDOM 2035 K	Registered Investment Companies	3,400.93		53,225
*	FID FREEDOM 2040 K	Registered Investment Companies	66,157.74		764,784
*	FID FREEDOM 2045 K	Registered Investment Companies	7,595.07		102,306
*	FID FREEDOM INC K	Registered Investment Companies	5,270.42		55,550
*	FID GROWTH & INC	Registered Investment Companies	4,099.78		253,613
*	FID GROWTH COMPANY	Registered Investment Companies	32,560.87		1,313,505
*	FID GROWTH STRAT	Registered Investment Companies	1,355.09		89,937
*	FID INFL PR BD IDX	Registered Investment Companies	11,119.33		98,851
*	FID INTERMED BOND	Registered Investment Companies	5,374.23		54,119
*	FID INTL DISCOVERY	Registered Investment Companies	1,248.91		59,835
*	FID INTL INDEX	Registered Investment Companies	858.76		40,825
*	FID LOW PRICED STK	Registered Investment Companies	48.76		1,987
*	FID LT TR BD IDX	Registered Investment Companies	4,698.52		43,085
*	FID MAGELLAN	Registered Investment Companies	40,989.39		607,873

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	FID MID CAP STOCK	Registered Investment Companies	21.66		918
*	FID NATURAL RES	Registered Investment Companies	399.50		16,619
*	FID OTC PORTFOLIO	Registered Investment Companies	21,652.73		464,884
*	FID PURITAN	Registered Investment Companies	295.40		7,341
*	FID REAL ESTATE INVS	Registered Investment Companies	2,163.30		83,482
*	FID SEL BANKING	Registered Investment Companies	2,033.84		63,415
*	FID SEL BIOTECH	Registered Investment Companies	5,882.80		111,185
*	FID SEL ENERGY	Registered Investment Companies	1,477.07		83,883
*	FID SEL GOLD	Registered Investment Companies	7,309.17		179,659
*	FID SEL HEALTHCARE	Registered Investment Companies	3,649.46		99,448
*	FID SEL MED TECH&DV	Registered Investment Companies	2,091.89		130,095
*	FID SEL PHARMACEUTCL	Registered Investment Companies	672.48		17,054
*	FID SEL TECHNOLOGY	Registered Investment Companies	11,601.28		427,855
*	FID SM CAP IDX	Registered Investment Companies	3,397.24		94,036
*	FID SMALL CAP GROWTH	Registered Investment Companies	3,368.80		112,754
*	FID SMALL CAP VALUE	Registered Investment Companies	13,992.99		284,897
*	FID STK SEL MID CAP	Registered Investment Companies	5.49		247
*	FID STK SEL SM CAP	Registered Investment Companies	660.05		24,607
*	FID TOTAL MKT IDX	Registered Investment Companies	338.61		54,607
*	FID VALUE	Registered Investment Companies	10,906.97		148,335
*	FID WORLDWIDE	Registered Investment Companies	1,723.22		59,968
*	FIDELITY GOVT INCOME	Registered Investment Companies	1,201.25		10,799
	JPMorgan Equity Inc Fd Cla R6	Registered Investment Companies	373,581.28		8,943,536
	MFS Intl Diversification CI R6	Registered Investment Companies	262,409.68		5,996,061
	MFS Mid Cap Growth Fund R6	Registered Investment Companies	52,439.46		1,647,648
*	Nuveen Lifecycle 2010 R6	Registered Investment Companies	136,768.26		1,359,476
*	Nuveen Lifecycle 2015 R6	Registered Investment Companies	533,045.84		4,824,065
*	Nuveen Lifecycle 2020 R6	Registered Investment Companies	1,384,456.19		13,013,888

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	Nuveen Lifecycle 2025 R6	Registered Investment Companies	1,291,123.53		12,756,300
*	Nuveen Lifecycle 2030 R6	Registered Investment Companies	1,487,388.84		15,230,862
*	Nuveen Lifecycle 2035 R6	Registered Investment Companies	1,302,748.79		13,926,385
*	Nuveen Lifecycle 2040 R6	Registered Investment Companies	1,208,777.87		13,296,557
*	Nuveen Lifecycle 2045 R6	Registered Investment Companies	632,249.80		8,895,755
*	Nuveen Lifecycle 2050 R6	Registered Investment Companies	328,861.30		4,788,220
*	Nuveen Lifecycle 2055 R6	Registered Investment Companies	97,458.37		1,684,081
*	Nuveen Lifecycle 2060 R6	Registered Investment Companies	55,986.48		842,037
*	Nuveen Lifecycle 2065 R6	Registered Investment Companies	9,941.74		129,740
*	Nuveen Lifecycle Ret Inc R6	Registered Investment Companies	44,827.43		505,205
*	Nuveen Small Cap Bld Idx R6	Registered Investment Companies	159,091.95		3,791,161
	T. Rowe Price Blue Chip Gr I	Registered Investment Companies	25,236.38		4,729,045
	Vanguard FTSE Social Index Adm	Registered Investment Companies	4,072.59		229,694
	Vanguard Growth Index Adm	Registered Investment Companies	24,124.34		5,095,545
	Vanguard Infl Protect Sec Adm	Registered Investment Companies	153,750.06		3,462,451
	Vanguard Inst Idx Inst	Registered Investment Companies	31,884.49		15,269,513
	Vanguard Treasury MoneyMkt Inv	Registered Investment Companies	5,216,532.77		5,216,533
	Vanguard Ttl Intl Stk Idx Adm	Registered Investment Companies	139,834.40		4,431,352
	Victory Sycamore Estab Val R6	Registered Investment Companies	132,195.48		6,079,670
	Victory Sycamore Sm-Co Opp R6	Registered Investment Companies	26,069.62		1,227,097
					<u>254,807,179</u>
*	TIAA Real Estate	Pooled Separate Account	19,472.30		8,981,604
					<u>8,981,604</u>
*	EQ/Equity 500 Index	Variable Annuity Contracts	262.26		344,030
*	EQ/International Equity Index	Variable Annuity Contracts	53.80		10,509
*	EQ/AB Small Cap Growth	Variable Annuity Contracts	135.40		89,362
*	EQ/Quality Bond PLUS	Variable Annuity Contracts	8.34		1,400
*	EQ/Com Stck Index	Variable Annuity Contracts	689.96		977,848

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	Multimanager Aggressive Equity	Variable Annuity Contracts	982.25		412,515
*	EQ/Moderate Allocation	Variable Annuity Contracts	5,326.30		601,127
*	EQ/Invesco Comstock	Variable Annuity Contracts	7.55		2,662
*	EQ/Janus Enterprise	Variable Annuity Contracts	29.74		13,798
*	EQ/Conserv Allocation	Variable Annuity Contracts	14.49		2,055
*	EQ/Moderate-Plus Allocation	Variable Annuity Contracts	242.31		64,796
*	EQ/PIMCO Ultra Short Bond	Variable Annuity Contracts	27.95		3,055
*	EQ/JPMorgan Growth Stock	Variable Annuity Contracts	287.35		157,096
*	1290 VT GAMCO Small Co Val	Variable Annuity Contracts	34.65		20,006
*	EQ/Mid Cap Index	Variable Annuity Contracts	11.78		4,344
*	Multimanager Technology	Variable Annuity Contracts	321.69		258,133
*	EQ/All Asset Growth Allocation	Variable Annuity Contracts	18.76		4,219
*	EQ/JPMorgan Val Opportunities	Variable Annuity Contracts	112.58		56,809
*	EQ/Int Val Managed Vol	Variable Annuity Contracts	47.84		8,116
*	EQ/Lg Cap Grw Managed Vol	Variable Annuity Contracts	95.72		78,128
*	EQ/Glb Eqty Managed Vol	Variable Annuity Contracts	22.01		8,443
*	EQ/Mid Cap Val Managed Vol	Variable Annuity Contracts	45.34		19,800
*	EQ/Value Equity	Variable Annuity Contracts	40.24		22,746
*	EQ/Capital Group Research	Variable Annuity Contracts	136.42		80,460
*	EQ/Lg Cap Val Managed Vol	Variable Annuity Contracts	338.28		99,281
*	EQ/American Centry Mid Cap Val	Variable Annuity Contracts	5.98		996
*	EQ/Small Company Index	Variable Annuity Contracts	13.10		5,728
					<u>3,347,462</u>
*	FID GOVT MMRK PRM	Cash in Interest-Bearing Accounts	246,467.74		246,468
*	FID GOVT MMKT	Cash in Interest-Bearing Accounts	287,951.19		287,951
					<u>534,419</u>
*	Self-directed Accounts	Self-directed Accounts	various		2,798,219
					<u>2,798,219</u>
	Total				

MONMOUTH UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

**E.I. # 21-0634584
PLAN #001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Schedule H, Line 4i)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue	(c) Description	Number of Shares/Units	(d) Cost (A)	(e) Current Value
*	TIAA CREF Traditional Benefit Responsive - Fixed Annuity Contract	Insurance Contracts			<u>10,576,384</u>
*	Participant Loan Fund	maturing though 2032 with interest at 4.25%-9.50% secured by participant account balance			<u>1,867,189</u>
					\$ <u>358,972,791</u>

(A) Cost information not required.

* Party-in-interest.

See Independent Auditor's Report



Independent Member of Nexia

cohnreznick.com

Plan Name	Monmouth University Defined Contribution Retirement Plan
Plan Sponsor EIN	21-0634584
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Monmouth University Defined Contribution Retirement Plan
Plan Sponsor EIN	21-0634584
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	