

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): MERCER UNIVERSITY
2b Employer Identification Number (EIN): 58-0566167
2c Plan Sponsor's telephone number: 478-301-2699
2d Business code (see instructions): 611000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3736
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1916
	<b>6a(2)</b>	1938
	<b>6b</b>	0
	<b>6c</b>	1837
	<b>6d</b>	3775
	<b>6e</b>	32
	<b>6f</b>	3807
	<b>6g(1)</b>	3732
	<b>6g(2)</b>	3800
<b>h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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**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 \_\_\_\_\_

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

<p><b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>58-0566167</b></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  
**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	727307-001	10	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.

<b>(a)</b> Total amount of commissions paid <b>477</b>	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**J HENRY, CFP, CHFC** **1200-A NORTHSIDE CROSSING**  
**MACON, GA 31210**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
477			3

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

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

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

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

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

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

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	60690
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	567080
<b>6</b>	Contracts With Allocated Funds:	
<b>a</b>	State the basis of premium rates ▶ <b>N/A-FULLY FUNDED W/UNALLOCATED FDS</b>	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GUARANTEED INTEREST OPTION</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 60347
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 1113
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 1762
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 2875
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 63222
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 2527
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 5
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 2532	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 60690

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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 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**

<b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0566167</b>

**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  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0472300</b>	<b>65676</b>	<b>GP01650</b>	<b>5</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>1968</b>	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LINCOLN FINANCIAL ADVISORS** **P. O. BOX 2239**  
**FORT WAYNE, IN 46801-2239**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1968</b>		<b>SALES &amp; BASE COMMISSIONS</b>	<b>4</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	128567
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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>b</b>	Balance at the end of the previous year .....	<b>7b</b> 127048
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 4462
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 4462
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 131510
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 2918
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 25
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 2943	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 128567

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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 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**

<b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0566167</b>

**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>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1624203</b>	<b>69345</b>	<b>101581</b>	<b>3806</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	140281616
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	208661143
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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>b</b>	Balance at the end of the previous year .....	<b>7b</b> 113698168
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 2503342
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 5177209
	(4) Transferred from separate account .....	<b>7c(4)</b> 37801758
	(5) Other (specify below)..... ▶ OTHER	<b>7c(5)</b> 251135
	(6) Total additions .....	<b>7c(6)</b> 45733444
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 159431612
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 9032327
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 9984922
	(4) Other (specify below)..... ▶ OTHER	<b>7e(4)</b> 132747
(5) Total deductions .....	<b>7e(5)</b> 19149996	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 140281616

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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 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**

<b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b>		<b>D</b> Employer Identification Number (EIN) <b>58-0566167</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VARIABLE ANNUITY LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
74-1625348	70238	40161	48	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.

<b>(a)</b> Total amount of commissions paid <b>1304</b>	<b>(b)</b> Total amount of fees paid
--	--------------------------------------

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
1088			3

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
90			3

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

JOSEPH A OKRASKI

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90			3

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

2 OTHER AGENTS PD 22 EACH

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	1725658
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	2516708
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 2329322
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 44303
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 83407
	(4) Transferred from separate account .....	<b>7c(4)</b> 5743
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 133453
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 2462775
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 732794
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 20
	(3) Transferred to separate account .....	<b>7e(3)</b> 4219
	(4) Other (specify below)..... ▶ <b>CONTRACT SURRENDER CHANGES</b>	<b>7e(4)</b> 84
(5) Total deductions .....	<b>7e(5)</b> 737117	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 1725658

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>58-0566167</b></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  
**RIVERSOURCE 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
41-0823832	65005	012243946	3	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>744</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
--	---

**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

**THADDEUS KENNY** **421 S STATE ST**  
**CLARKS SUMMIT, PA 18411-1684**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
447		SALES AND BASE COMMISSIONS	3

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

**JUSTIN D STREETER** **1150 SANCTUARY PKWY STE 410**  
**ALPHARETTA, GA 30009-8501**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
273		SALES AND BASE COMMISSIONS	3

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

MATTHEW LONDON

BLDG 300 STE A125 PLANTATION CTR DR  
MACON, GA 31210-2084

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24		SALES AND BASE COMMISSIONS	3

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	118412

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	0

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

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

<b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0566167</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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

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

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

CORPORATION OF MERCER UNIVERSITY

1501 MERCER UNIVERSITY DR  
MACON, GA 31207-0001

58-0566167

(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?
		61310	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)

TIAA-TEACHERS INS & ANNUITY ASSOC

730 THIRD AVE  
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		191956	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 INS CO

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?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8978	Yes <input type="checkbox"/> No <input checked="" 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)

GUIDESTONE FINANCIAL RESOURCES

75-0939949

(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 59 15 64		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	18647	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP LLC

4000 MACARTHUR BLVD  
NEWPORT BEACH, CA 92660

33-0818667

(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?
		67500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER UNIVERSITY</u>	<b>D</b> Employer Identification Number (EIN) <u>58-0566167</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15348276</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0566167</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	19833	4875
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	125468	88051
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	623074	611381
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	15302808	15348276
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	381932377	400373826
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	116401228	142314943
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	514404788	558741352
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	514404788	558741352

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	10751027	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	7671497	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1630249	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		20052773
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4659	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	41176	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5267174	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5313009
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	5589753	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		5589753
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		-634254
(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)		49367332
<b>c</b> Other income .....	2c		181561
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		79870174

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	32583668	
(2) To insurance carriers for the provision of benefits .....	2e(2)	2818965	
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		35402633
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	8550	
(2) Contract administrator fees .....	2i(2)	2167	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	52760	
(5) Investment advisory and investment management fees .....	2i(5)	67500	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		130977
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		35533610

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		44336564
<b>l</b> 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: **MCNAIR MCLEMORE MIDDLEBROOKS & CO**

(2) EIN: **58-1094351**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCER UNIVERSITY</u>	<b>D</b> Employer Identification Number (EIN) <u>58-0566167</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 82-2826183 76-0519990

**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

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 J600957A.

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN  
MACON, GEORGIA**

**FINANCIAL STATEMENTS AS OF  
DECEMBER 31, 2024 AND 2023 AND  
INDEPENDENT AUDITOR'S REPORT**

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN**

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Note: All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

October 15, 2025

## INDEPENDENT AUDITOR'S REPORT

Board of Directors and Benefits Advisory Committee  
Mercer University Defined Contribution Retirement Plan

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

We have performed audits of the financial statements of **Mercer 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 4 to the financial statements, is complete and accurate.

### *Opinion*

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

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

### ***Basis for Opinion***

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

### ***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, which 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, and to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

## ***Auditor's Responsibilities for the Audit of the Financial Statements (Continued)***

In performing an audit in accordance with GAAS, we:

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

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

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

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

### ***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

***Other Matter - Supplemental Schedule Required by ERISA (Continued)***

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

In our opinion:

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

*McNair, McLemore, Middlebrooks & Co., LLC*  
McNAIR, McLEMORE, MIDDLEBROOKS & CO., LLC

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31**

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments at Fair Value	\$ 506,475,494	\$ 487,094,778
Investments at Contract Value	51,649,602	26,667,103
	<b>558,125,096</b>	513,761,881
<b>Receivables</b>		
Participants' Contributions	4,875	19,833
Notes Receivable from Participants	676,220	623,074
	<b>681,095</b>	642,907
<b>Total Assets</b>	<b>558,806,191</b>	514,404,788
<b>Liabilities</b>	-	-
<b>Net Assets Available for Benefits</b>	<b>\$ 558,806,191</b>	<b>\$ 514,404,788</b>

See accompanying notes which are an integral part of these financial statements.

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**Changes to Net Assets Attributed to**

Investment Income	
Interest and Dividends	\$ 10,268,508
Net Appreciation in Fair Value of Investments	49,367,332
Plan Services Credit	<u>181,561</u>
	<u>59,817,401</u>

Contributions	
Employer	10,751,027
Participants	7,671,497
Rollovers	<u>1,630,249</u>
	<u>20,052,773</u>
	<u>79,870,174</u>

**Deductions**

Benefits Paid to Participants	32,518,829
Annuity Settlement Options	2,818,965
Administrative Expenses	<u>130,977</u>

<b>Total Deductions</b>	<u>35,468,771</u>
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<b>Net Increase</b>	44,401,403
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**Net Assets Available for Benefits**

Beginning of Year	<u>514,404,788</u>
End of Year	<u><u>\$ 558,806,191</u></u>

See accompanying notes which are an integral part of these financial statements.

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(1) Description of Plan**

The following description of Mercer University (the 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.

*General*

The University established the Plan in 1962 to provide employees with a systematic means of saving and investing for the future. Effective January 1, 2018, the University adopted the Internal Revenue Service (IRS) approved Teachers Insurance and Annuity Association (TIAA) Employee Retirement Income Security Act of 1974 (ERISA) 403(b) Volume Submitter Plan document. A pre-approved document, as long as it is completed within the parameters of the pre-approved options, provides reliance that the form of the document is approved by the IRS and should not be challenged on audit. All permissible employees of the University, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Plan is a defined contribution plan subject to the provisions of the ERISA.

*Contributions*

Under the provisions of the Plan, participants may voluntarily contribute up to the maximum annual limits permitted by the Internal Revenue Code. An employee must attain age 21 and have completed two years of eligible service to be eligible to receive contributions from the University. The University contributes six percent of an employee's compensation for service greater than two years and less than or equal to seven years and ten percent for service greater than seven years. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also offers Qualified Organization Catch-up deferrals which are available to certain participants with 15 or more years of service. Under this provision, eligible participants can make additional catch-up contributions up to \$3,000 per year, subject to a lifetime limit of \$15,000. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover).

*Participant Accounts*

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions, the University's contribution, any qualified rollover contributions, and adjusted for gains and losses based on the investment performance of a participant's account, less any distributions and associated transaction fees. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

*Investment Options*

Upon enrollment in the Plan, participants may direct the investment of their voluntary contributions into various investments and annuity options offered by an approved list of service providers. Participants may direct the University's contributions into various investments and annuity options offered by TIAA. Participants may change their investment options at any time. As of December 31, 2024, the Plan offered six service providers with diversified investments in fixed and variable annuities, a pooled separate account, and mutual funds as investment options.

## **(1) Description of Plan (Continued)**

### *Vesting*

Participants are immediately vested in their voluntary contributions and contributions made by the University.

### *Notes Receivable from Participants*

Participants may borrow from the portion of their account balances representing participant contributions and earnings. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loans are secured by the balance in the participant's account. Loan terms range from 3 to 5 years up to 10 years for the purchase of a primary residence. All loans bear a reasonable rate of interest that a bank or other professional lender would charge for making a loan in a similar circumstance. Interest rates ranged from 1.00 percent to 9.50 percent as of December 31, 2024. Principal and interest are paid either monthly or quarterly directly by the participant.

### *Payment of Benefits*

Upon termination of service due to retirement, disability, death, or other reason, a participant or beneficiary may elect to receive the entire amount credited to the participant's account in either a lump-sum amount, installment payments, or an annuity contract. Normal retirement age is 65, with early retirement allowed at age 55. Participants may also receive distributions under the Plan's hardship distribution provisions.

Effective July 1, 2024, the Plan was amended to provide for automatic distributions of vested account balances that do not exceed \$5,000 following a participant's separation from employment. In determining whether the mandatory distribution threshold is met, rollover contribution amounts are included. Distributions may also be made on an ad-hoc basis, as permitted under the Plan.

### *Hardship Withdrawals*

In the event funds are needed because of extreme financial hardship, as defined by the law, the participant may be allowed to make a withdrawal from their vested account balance from eligible accounts, as defined by the Plan. In accordance with the Internal Revenue Code (the Code), benefits withdrawn prior to age 59 ½ may be subject to additional taxes.

## **(2) Summary of Significant Accounting Policies**

The accounting policies of the Plan are maintained in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the *Accounting Standards Codification (ASC)* and related Accounting Standards Updates (ASUs). The following describes the more significant of those policies:

### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

## **(2) Summary of Significant Accounting Policies (Continued)**

### *Investment Valuation and Income Recognition*

The Plan's investments are held and administered by the following service providers: TIAA, Variable Annuity Life Insurance Company (Valic), Guidestone Financial Services (Guidestone), The Vanguard Group (Vanguard), Lincoln Financial Group (Lincoln), Fidelity Investments (Fidelity), Ameriprise Financial (Ameriprise), AXA Equitable Life Insurance Company (AXA Equitable) and T. Rowe Price. These service providers offer various mutual funds, a pooled separate account, and variable and fixed annuities in which participants may invest. The investments are reported at fair value (except for fully benefit responsive investment 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. See Note 6 for discussion of fair value measurements and Note 3 for discussion of contract value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year. Earnings on investments are allocated to individual participant accounts based on the performance of the investments selected by the participant.

### *Contributions*

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

### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent loans are treated as distributions based upon the terms of the Plan document. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

### *Administrative Expenses*

Investment fees and expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, these fees are included in net appreciation/ depreciation in the fair value of the investments. Direct service fees represent fees deducted directly from the Plan and include direct fees or compensation received by TIAA and the various service providers as well as professional and advisor fees.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Purchase of Annuity Contracts*

Amounts transferred to TIAA for the purchase of insurance or annuity contracts in an allocated funding agreement are reported in the statement of changes in net assets available for benefits as annuity settlement options.

### **(3) Investment Contract with Insurance Company**

Participants may choose to invest in the TIAA Traditional Annuity (TIAA Traditional) account, which is an unallocated fixed-annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional provides a guarantee of principal, a guaranteed minimum rate of interest (generally three percent, but in some recent contracts between one percent and three percent) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchase a guaranteed amount of lifetime annuity income. When a participant’s account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

The TIAA Traditional within the Supplemental Retirement Annuity (SRA) and Group Supplemental Retirement Annuity (GSRA) have no liquidity restrictions and are fully benefit responsive. Contract value is the relevant measurement attribute for that portion of net assets that are considered to be fully benefit responsive. The contract value of the TIAA Traditional equals the accumulated cash contributions, interest credited to the Plan’s contracts, and transfers in (if any) less any withdrawals and transfers out (if any).

The TIAA Traditional holdings within the Retirement Annuity (RA) and Group Retirement Annuity (GRA) contracts have liquidity restrictions and are nonbenefit responsive, which are measured at fair value.

Contributions to these accounts are grouped by TIAA into “vintages” comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA’s general account. The crediting rate for 2024 and 2023 was 3.03 percent and 4.01 percent, respectively, for the RA contracts.

RA account balances may only be withdrawn over ten annual payments. Because this provision is considered to restrict participants’ reasonable access to their contract balances, RAs are not considered to be fully benefit responsive investment contracts. Upon a distributable event, the participant surrenders the future accumulation benefits in exchange for a cash payout based on the contract value, demonstrating the contract value can be monetized when a distributable event occurs.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments. Based on ongoing credit evaluations of these investments, the University does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for these investments as of December 31, 2024.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan’s investment guidelines, a breach of material obligation under the contract, a material misrepresentation, or a material amendment to the agreement without the consent of the issuer.

#### **(4) Information Prepared and Certified by the Trustees (Unaudited)**

TIAA, Lincoln, Fidelity, Ameriprise, AXA Equitable, Valic, Vanguard and T. Rowe Price (the Plan trustees) as of December 31, 2024 and 2023, have certified to the completeness and accuracy of the following data included in the accompanying financial statements:

- Other than investments and notes receivable from participants held and administered by Guidestone (see note 6), investments, at fair value and contract value, and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Other than net appreciation in fair value of investments and interest income on notes receivable from participants held and administered by Guidestone (see note 6), net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements, including related footnote disclosures and supplemental schedule.

#### **(5) Investments**

A certification was not received for those investments in the amount of \$3,468,155 and \$3,378,265 and notes receivable from participants in the amount of \$0 and \$11,179 held and administered by Guidestone as of December 31, 2024 and 2023, respectively.

#### **(6) Fair Value Measurements**

Financial Accounting Standards Board *Topic 820* provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets and 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. 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## **(6) Fair Value Measurements (Continued)**

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

- Fixed Annuity Contracts (TIAA Traditional Annuity NonBenefit Responsive Contracts) - The fixed annuity contract is not actively traded, and significant other observable inputs are not available. Therefore, the fair value of the contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. See Note 3.
- Variable Annuity Accounts - Valued based on each account's daily net asset value (NAV), which is considered by Plan management to be the best approximation of fair value. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Variable annuity accounts are not exchange-traded. Data for NAVs are distributed to Plan administrators and client investors on the provider's website and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of the individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.
- Money Market Funds - Valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end funds that are registered with the SEC. 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.
- Mutual Funds - Valued at the net asset value of shares held by the Plan at year-end. The funds held by the Plan are open-end funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Pooled Separate Account - Units held in the TIAA Real Estate Account (REA) are valued at NAV based on the fair market value of the underlying investments of the account less its liabilities. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The underlying investments consist primarily of real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values obtained from independent pricing sources. Securities held by the REA are generally priced using quoted prices in active markets or values obtained from independent pricing sources. Unit values are calculated each day. Accumulation units in the REA are available for transactions at the closing accumulation unit value on any day NASDAQ is open for business. Transfers out of the REA are limited to one per calendar quarter. Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA General Account provides the REA with a liquidity guarantee. There are no unfunded commitments from participants in the Plan who invest in these accounts.

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

## (6) Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Fixed Annuity Contracts	\$ -	\$ -	\$ 88,632,014	\$ 88,632,014
Money Market Funds	88,051	-	-	88,051
Mutual Funds	207,060,960	-	-	207,060,960
Total Assets in the Fair Value Hierarchy	<u>\$ 207,149,011</u>	<u>\$ -</u>	<u>\$ 88,632,014</u>	295,781,025
Investments Measured at NAV Practical Expedient*				<u>210,694,469</u>
Total Investments at Fair Value				<u>\$ 506,475,494</u>
	2023			Total
	Level 1	Level 2	Level 3	
Fixed Annuity Contracts	\$ -	\$ -	\$ 87,031,065	\$ 87,031,065
Money Market Funds	125,468	-	-	125,468
Mutual Funds	200,854,967	-	-	200,854,967
Total Assets in the Fair Value Hierarchy	<u>\$ 200,980,435</u>	<u>\$ -</u>	<u>\$ 87,031,065</u>	288,011,500
Investments Measured at NAV Practical Expedient*				<u>199,083,278</u>
Total Investments at Fair Value				<u>\$ 487,094,778</u>

\* In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## (6) Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the NAV per unit practical expedient as of December 31. There are no participant redemption restrictions on these investments.

	<u>2024</u>	<u>2023</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>Fair Value</u>		<u>Commitments</u>	<u>Frequency</u>	<u>Notice Period</u>
<b>Variable Annuity Contracts</b>					
Equity Funds	\$ 160,530,712	\$ 148,814,236	None	Daily	None
Social Choice	14,667,115	14,316,020	None	Daily	None
Money Market Fund	6,227,450	6,514,190	None	Daily	None
Bond Funds	<u>13,920,916</u>	<u>14,136,024</u>	None	Daily	None
	<b>195,346,193</b>	183,780,470			
<b>Pooled Separate Account</b>					
Real Estate Fund	<u>15,348,276</u>	<u>15,302,808</u>	None	Quarterly	None
	<u><b>\$ 210,694,469</b></u>	<u><b>\$ 199,083,278</b></u>			

- *Equity Funds* - These variable annuity accounts seek to provide a favorable long-term rate of return through capital appreciation and income from a broadly diversified portfolio that consists primarily of domestic and foreign common stocks.
- *Social Choice* - This variable annuity account seeks to provide a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria. The account is balanced, with assets divided between domestic and foreign stocks and other equity securities (about 60 percent) and bonds and other fixed-income securities, including money market instruments (about 40 percent).
- *Money Market Fund* - This variable annuity account seeks high current income consistent with maintaining liquidity and preserving capital. The account invests at least 99.5 percent of its total assets in cash, U.S. Government securities and/or repurchase agreements that are collateralized fully by cash or U.S. Government securities. The account's investments in securities are limited to those that present minimal credit risks and are of eligible quality.
- *Bond Funds* - The Bond Market variable annuity accounts seek a favorable long-term rate of return, primarily through high current income consistent with preserving capital. The accounts invest at least 80 percent of its assets in a broad range of fixed-income securities. The majority of assets are invested in U.S. Treasury and other governmental agency securities, corporate bonds, and mortgage-backed or other asset-backed securities. The accounts can invest up to 20 percent of its assets in below investment-grade securities, foreign debt securities and unrated issues. The Inflation-Linked Bond variable annuity account seeks a long-term rate of return that outpaces inflation, primarily through investment in fixed income securities whose returns are designed to track a specified inflation index over the life of the bond. Under normal circumstances, the account invests at least 80 percent of its assets in U.S. Treasury Inflation-Indexed Securities. The account may invest in inflation-indexed bonds issued or guaranteed by foreign governments and their agencies, as well as other foreign issuers.

## (6) Fair Value Measurements (Continued)

The table below provides information about significant unobservable inputs related to the Plan's investment categorized as Level 3 in the fair value hierarchy, as of December 31:

	2024	2023	Valuation	Significant	Range of
	Fair Value		Technique	Unobservable	Significant
				Inputs	Values
TIAA Traditional Account NonBenefit Responsive	<u>\$88,632,014</u>	<u>\$87,031,065</u>	Discounted cash flow theoretical transfer (exit value)	Transactions involving the purchases/sales of individual TIAA traditional contracts	3.65% - 6.50%

Total purchases and sales of the TIAA Traditional Account NonBenefit Responsive contracts were \$10,968,697 and \$12,294,138, respectively, for the year ended December 31, 2024.

## (7) Plan Loans

Prior to 2018, participants were able to enter into a loan agreement with TIAA with the collateral for the loan being held within the borrowing participant's TIAA Traditional account balance. The loan was made by TIAA with the loan proceeds being sourced from its general account. As loan payments were received, TIAA released the appropriate amount of collateral held in the TIAA Traditional account. The loan collateral is being held as either part of a GSRA contract or as a separate Retirement Loan (RL) contract depending on the terms of the Plan. Plan loans are not assets of the Plan and are not reflected in the statement of net assets available for benefits. As of December 31, 2024 and 2023, Plan loans to TIAA participants totaled \$100,646 and \$115,403, respectively.

During 2018, TIAA began transitioning to a Retirement Plan Loan program which aligned with industry standards. Retirement Plan Loans (RPLs) are funded from and reflected in a participant's account and are considered assets of the Plan and are reflected in the statement of net assets available for benefits. As of December 31, 2024 and 2023, RPLs to TIAA participants totaled \$659,069 and \$593,780, respectively, and are included in total notes receivable from participants. The Plan loans discussed above will remain in effect until paid in full; however, all new loans issued will be RPLs.

## (8) Income Taxes

The TIAA ERISA 403(b) Volume Submitter Plan document adopted by the Plan in 2018 has received a favorable determination letter from the IRS, dated August 7, 2017, stating the plan is acceptable under section 403(b) of the Code. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS.

## **(8) Income Taxes (Continued)**

The Plan administrator has analyzed the tax positions taken by the Plan and concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **(9) Related Party and Parties-In-Interest Transactions**

A party-in-interest is defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan assets are investment options offered through the various custodians; therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempted from the prohibition of party-in-interest transactions under ERISA. Certain administrative functions are performed by officers or employees of the University. No such officer or employee received compensation from the Plan.

Administrative expenses on the statement of changes in net assets available for benefits include amounts paid by participants for fees paid to the custodians or administrative services relating to loans and distributions. Fees paid for these services totaled \$10,717 for the year ended December 31, 2024. Additionally, professional and investment consulting fees totaling \$120,260 were paid by revenue sharing fees credited to the Plan. For the year ended December 31, 2024, revenue sharing fees credited to the Plan totaled \$181,561.

## **(10) Plan Termination**

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## **(11) Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate risk, market volatility 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 financial statements and accompanying notes.

## **(12) Concentrations**

Financial instruments which subject the Plan to significant concentrations of credit risk consist primarily of investments in contracts with TIAA.

### (13) Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
<b>Net Assets Available for Benefits per the Financial Statements</b>	<b>\$ 558,806,191</b>	\$ 514,404,788
Deemed Distributed Retirement Plan Loans*	<u>(64,839)</u>	<u>-</u>
<b>Net Assets Available for Benefits per Form 5500</b>	<b><u>\$ 558,741,352</u></b>	<b><u>\$ 514,404,788</u></b>
<b>Net Increase per the Financial Statements</b>		\$ 44,401,403
Deemed Distributed Retirement Plan Loans*		<u>(64,839)</u>
<b>Net Increase per Form 5500</b>		<b><u>\$ 44,336,564</u></b>

\*Participant loans are stated at their unpaid principal balance plus any accrued interest. The balance includes loans that have been deemed distributed under the provisions of the Internal Revenue Code. Although these loans are assets of the Plan, they are no longer considered plan assets for Form 5500 filing purposes.

### (14) Subsequent Events

In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through October 15, 2025, the date the financial statements were available to be issued.

**SUPPLEMENTAL INFORMATION**

**MERCER UNIVERSITY  
DEFINED CONTRIBUTION RETIREMENT PLAN  
EIN #58-0566167  
PLAN #001  
SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

(A) *	(B)	(C)	(D) **	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
<b>Ameriprise</b>				
*	Riversource Retirement Advisor 4 Advantage Variable Annuity Qualified	Variable Annuity	\$	55,919
*	Riversource Retirement Advisor Advantage Variable Annuity Qualified	Variable Annuity		62,493
<b>Guidestone</b>				
*	Aggressive Allocation (GGBZX)	Mutual Fund		47,940
*	Balanced Allocation (GGIZX)	Mutual Fund		120,181
*	Conservative Allocation (GFIZX)	Mutual Fund		258,181
*	Defensive Market Strategies (GDMZX)	Mutual Fund		372,705
*	Emerging Markets Equity (GEMZX)	Mutual Fund		14,478
*	Equity Index (GEQZX)	Mutual Fund		431,820
*	Fin Resources Capital Preservation	Mutual Fund		165,956
*	Global Bond (GGBFX)	Mutual Fund		21,066
*	Global Real Estate Securities (GREZX)	Mutual Fund		15,171
*	Growth Allocation (GCOZX)	Mutual Fund		352,097
*	Growth Equity (GGEZX)	Mutual Fund		249,341
*	Growth Equity Index (GEIZX)	Mutual Fund		65,731
*	International Equity (GIEZX)	Mutual Fund		96,173
*	Low-Duration Bond (GLDZX)	Mutual Fund		50,068
*	Medium-Duration Bond (GMDZX)	Mutual Fund		263,409
*	Money Market Fund (GMZXX)	Mutual Fund		312,903
*	MyDestination 2015 (GMTZX)	Mutual Fund		40,775
*	MyDestination 2025 (GMWZX)	Mutual Fund		14,054
*	MyDestination 2035 (GMHZX)	Mutual Fund		4,135
*	MyDestination 2045 (GMFZX)	Mutual Fund		11,222
*	Small Cap Equity (GSCZX)	Mutual Fund		62,020
*	Strategic Alternatives Fund (GFSZX)	Mutual Fund		37,773
*	Value Equity (GVEZX)	Mutual Fund		460,956
<b>AXA Equitable</b>				
	All Asset Growth Alt Twenty	Mutual Fund		182
*	AXA AB Small Cap Growth	Mutual Fund		40,278
*	AXA Balanced Strategy	Mutual Fund		27,290
*	AXA Conservative Growth Strategy	Mutual Fund		14,069
*	AXA Fr Sm Cap Val Managed Vol	Mutual Fund		7,056
*	AXA Global Equity Managed Vol	Mutual Fund		9,002
*	AXA Int Core Managed Vol	Mutual Fund		6,130
*	AXA Large Cap Growth Managed Vol	Mutual Fund		798
*	AXA Large Cap Value Managed Vol	Mutual Fund		16,727
<b>Total-Carried Forward</b>			<b>\$</b>	<b>3,708,099</b>

\* Party-in-Interest.

\*\* All funds are participant-directed investments. Cost amounts are not required for participant-directed funds.

**MERCER UNIVERSITY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**  
**EIN #58-0566167**  
**PLAN #001**  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>AXA Equitable (Continued)</b>			
*	AXA Loomis Sayles Growth	Mutual Fund		19,230
*	AXA Mid Cap Val Managed Vol	Mutual Fund		26,757
*	AXA Moderate Allocation	Mutual Fund		1,844
*	AXA/Horizon Small Cap Value	Mutual Fund		20,984
*	Charter Multi-Sector Bond	Mutual Fund		7,465
*	EQ/Aggressive Growth Strategy	Mutual Fund		9,254
*	EQ/BlackRock Basic Value Eqty	Mutual Fund		36,468
*	EQ/Com Stek Index	Mutual Fund		25,841
*	EQ/Equity 500 Index	Mutual Fund		29,190
*	EQ/Fidelity INSTNL AM LRG CAP	Mutual Fund		23,425
*	EQ/Gamco Small Company Value	Mutual Fund		6,801
*	EQ/Intermediate Government Bond	Mutual Fund		153
*	EQ/International Equity Index	Mutual Fund		12,794
*	EQ/MFS Mid Cap FOC Used Growth	Mutual Fund		21,915
*	EQ/MFS Technology	Mutual Fund		20,068
*	EQ/Mid Cap Index	Mutual Fund		5,089
*	EQ/Money Market	Mutual Fund		10,385
*	EQ/Morgan Stanley Sml Cap Grw	Mutual Fund		14,780
*	EQ/Oppenheimer Global	Mutual Fund		705
*	EQ/Pimco Global Real Return	Mutual Fund		11,829
*	EQ/PIMCO Ultra Short Bond	Mutual Fund		3,130
*	EQ/Small Company Index	Mutual Fund		715
*	EQ/JPMorgan Growth Stock	Mutual Fund		11,453
*	Guaranteed Interest Account (GIA)	Variable Annuity		60,690
	Delaware Ivy VIP High Income	Mutual Fund		15,488
	Multimanager Aggressive Equity	Mutual Fund		30,138
	Multimanager Core Bond	Mutual Fund		3,920
	Multimanager Technology	Mutual Fund		33,674
*	Target 2035 Allocation	Mutual Fund		42,051
	<b>Fidelity</b>			
*	Fid 500 Index	Mutual Fund		78,655
*	Fid Asset Mgr 60%	Mutual Fund		214
*	Fid Asset Mgr 70%	Mutual Fund		140,319
*	Fid Balanced	Mutual Fund		398,326
*	Fid Blue Chip Gr	Mutual Fund		8,620
*	Fid Blue Chip Value	Mutual Fund		4,821
*	Fid China Region	Mutual Fund		6,196
*	Fid Contrafund	Mutual Fund		241,300
*	Fid Diversifd Intl	Mutual Fund		3,779
*	Fid Emerging Mkts	Mutual Fund		4,581
*	Fid Emrg Mkts Idx	Mutual Fund		4,605
	<b>Total-Carried Forward</b>			<b>\$ 5,105,751</b>

\* Party-in-Interest.

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**MERCER UNIVERSITY**  
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**EIN #58-0566167**  
**PLAN #001**  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>Fidelity (Continued)</b>			
*	Fid Equity Inc	Mutual Fund		12,442
*	Fid Fdm Idx 2030 Ipr	Mutual Fund		54,956
*	Fid Fidelity Fund	Mutual Fund		5,634
*	Fid Focused Stock	Mutual Fund		8,248
*	Fid Freedom 2015 K	Mutual Fund		66,782
*	Fid Freedom 2025 K	Mutual Fund		416,757
*	Fid Freedom 2030 K	Mutual Fund		39,375
*	Fid Freedom 2045 K	Mutual Fund		226,845
*	Fid Freedom Inc K	Mutual Fund		43,731
*	Fid Gov Cash Reserve	Money Market Fund		111
*	Fid Govt MMRK PRM	Money Market Fund		83,239
*	Fid Growth & Inc	Mutual Fund		810,252
*	Fid Growth Company	Mutual Fund		5,611
*	Fid Intermed Bond	Mutual Fund		13,927
*	Fid Intl Cap Apprec	Mutual Fund		8,549
*	Fid Intl Discovery	Mutual Fund		1,815
*	Fid Intl Value	Mutual Fund		2,374
*	Fid Intm Govt Income	Mutual Fund		12,626
*	Fid Japan Small Co	Mutual Fund		2,496
*	Fid Large Cap Stock	Mutual Fund		116,104
*	Fid Low Priced Stk	Mutual Fund		2,430
*	Fid Magellan	Mutual Fund		165,729
*	Fid Mid Cap Idx	Mutual Fund		2,639
*	Fid Mid Cap Stock	Mutual Fund		55,910
*	Fid Mid Cap Value	Mutual Fund		2,579
*	Fid Multi Asset Idx	Mutual Fund		8,944
*	Fid Natural Res	Mutual Fund		84
*	Fid Real Estate Inc	Mutual Fund		5,882
*	Fid Sel Biotech	Mutual Fund		3,622
*	Fid Sel Brokerage	Mutual Fund		13,739
*	Fid Sel Cons Discr	Mutual Fund		11,551
*	Fid Sel Constr/House	Mutual Fund		15,457
*	Fid Sel Energy	Mutual Fund		13,122
*	Fid Sel Healthcare	Mutual Fund		4,489
*	Fid Sel Med Tech&Dv	Mutual Fund		2,362
*	Fid Sel Software	Mutual Fund		4,924
*	Fid Sel Technology	Mutual Fund		33,561
*	Fid Sel Utilities	Mutual Fund		4,884
*	Fid Sm Cap Discovery	Mutual Fund		2,382
*	Fid Small Cap Growth	Mutual Fund		4,605
*	Fid Small Cap Stock	Mutual Fund		4,447
*	Fid Small Cap Value	Mutual Fund		13,594
*	Fid Stk Sel Sm Cap	Mutual Fund		4,682
*	Fid Total Mkt Idx	Mutual Fund		38,881
*	Fidelity Govt Income	Mutual Fund		4,955
	<b>Total-Carried Forward</b>		<b>\$</b>	<b>7,463,079</b>

\* Party-in-Interest.

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**MERCER UNIVERSITY**  
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**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>Lincoln</b>			
*	Fixed Account	Variable Annuity		128,567
*	LVIP Blended Lrg Cap Growth Mngd Voltlty	Mutual Fund		3,641
*	LVIP Dimensional US Core Equity 1	Mutual Fund		448,758
	<b>TIAA</b>			
*	TIAA Traditional Benefit Responsive	Fixed Annuity		12,742,983
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity		38,835,430
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity		74,249,302
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity		14,382,712
*	TIAA Traditional Benefit Responsive (Plan Loan Defaulted Collateral)	Fixed Annuity		71,189
*	TIAA Real Estate	Pooled Separate Account		15,348,276
*	CREF Core Bond	Variable Annuity		7,948,753
*	CREF Equity Index	Variable Annuity		15,945,311
*	CREF Global Equities	Variable Annuity		24,371,361
*	CREF Growth	Variable Annuity		38,217,272
*	CREF Inflation-Linked Bond	Variable Annuity		5,972,163
*	CREF Money Market	Variable Annuity		4,312,535
*	CREF Social Choice	Variable Annuity		14,667,115
*	CREF Stock	Variable Annuity		81,878,357
	JPMorgan Emerging Mrkts Eq	Mutual Fund		2,068,814
	JPMorgan International Eqty	Mutual Fund		7,009,550
	MFS Mid Cap Growth Fund	Mutual Fund		1,891,222
	PGIM Total Return Bond R6	Mutual Fund		2,540,837
*	TIAA-CREF Money Market-Inst	Mutual Fund		1,623,809
*	Vanguard Equity Income Adm	Mutual Fund		11,682,517
*	Vanguard Extended Mkt Idx Adm	Mutual Fund		24,245,320
*	Vanguard Inst Idx Inst	Mutual Fund		54,033,793
*	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund		35,781,854
*	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund		40,689,518
	Victory Sycamore Estab Val R6	Mutual Fund		6,886,158
	Victory Sycamore Sm-Co Opp R6	Mutual Fund		1,711,216
	Wasatch Core Growth Fund Inst	Mutual Fund		2,759,269
*	Participation Loan Fund	Interest Rate 4.25% to 9.50%		659,069
	<b>Valic</b>			
*	Aggressive Growth Lifestyle	Mutual Fund		333,160
*	Ariel Appreciation Fund	Mutual Fund		1,280
*	Ariel Fund	Mutual Fund		2,705
*	Core Bond Fund	Mutual Fund		115,003
*	Dividend Value	Mutual Fund		25,078
*	Emerging Economies	Mutual Fund		17,817
*	Fixed Account Plus	Variable Annuity		1,682,034
*	Global Real Estate Fund	Mutual Fund		5,925
*	Global Strategy	Mutual Fund		7,926
*	Government Securities Fund	Mutual Fund		686
*	Growth Fund	Mutual Fund		44,742
*	GS VIT Gov Money Market Fund Inst	Mutual Fund		7,215
*	High Yield Bond Fund	Mutual Fund		23,508
	<b>Total-Carried Forward</b>			<b>\$ 552,836,829</b>

\* Party-in-Interest.

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**MERCER UNIVERSITY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**  
**EIN #58-0566167**  
**PLAN #001**  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A) *	(B)	(C)	(D) **	(E)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	<b>Valic (Continued)</b>			
*	Inflation Protected Fund	Mutual Fund		26,080
*	International Equities Index Fund	Mutual Fund		28,321
*	International Growth Fund	Mutual Fund		4,555
*	International Value Fund	Mutual Fund		64,446
*	Intl Opportunities	Mutual Fund		15,765
*	Intl Socially Responsible Fund	Mutual Fund		170,932
*	Invesco Bal Risk Commod Str R5	Mutual Fund		11,748
*	Large Capital Growth	Mutual Fund		28,840
*	Loan Collateral Fund	Interest Rate 1.00% to 2.50%		16,906
*	Loan Escrow Fund	Interest Rate 1.00% to 2.50%		246
*	Mid Cap Index Fund	Mutual Fund		349,376
*	Mid Cap Strategic Gwth	Mutual Fund		4,660
*	Mid Cap Value Fund	Mutual Fund		23,798
*	Moderate Growth Lifestyle	Mutual Fund		167,777
*	Nasdaq-100R Index Fund	Mutual Fund		3,255
*	Science & Technology Fund	Mutual Fund		41,617
*	Short Term Fixed Account	Variable Annuity		43,624
*	Small Cap Growth Fund	Mutual Fund		596
*	Small Cap Index Fund	Mutual Fund		161,732
*	Small Cap Value Fund	Mutual Fund		10,917
*	Stock Index Fund	Mutual Fund		665,775
*	Systematic Growth Fund	Mutual Fund		7,360
*	Systematic Value	Mutual Fund		7,489
*	US Socially Responsible Fund	Mutual Fund		27,335
*	Vanguard Lifestrategy Growth	Mutual Fund		535
*	Vanguard Wellington Fund, Inc.	Mutual Fund		23,629
*	Vanguard Windsor II	Mutual Fund		53,515
*	Vc I Capital Appreciation	Mutual Fund		9,422
*	Vc I Conserv Growth Lifestyle	Mutual Fund		5,036
	<b>Vanguard</b>			
*	Vanguard 500 Index Fund Admiral	Mutual Fund		371,275
*	Vanguard Federal Money Market Inv	Money Market Fund		4,702
*	Vanguard FTSE All-World ex-US Idx Adm	Mutual Fund		85,208
*	Vanguard FTSE Social Index Admiral	Mutual Fund		133,542
*	Vanguard GNMA Fund Admiral	Mutual Fund		33,444
*	Vanguard Growth and Income Admiral	Mutual Fund		14,791
*	Vanguard Health Care Fund Admiral	Mutual Fund		232,742
*	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund		27,298
*	Vanguard International Value Fund	Mutual Fund		46,070
*	Vanguard Long-Term Investment-Grade Fund Investor	Mutual Fund		96,287
*	Vanguard Long-Term Treasury Fund Admiral	Mutual Fund		2,705
*	Vanguard Mid-Cap Growth Index Fund Admiral	Mutual Fund		179,416
*	Vanguard Mid-Cap Value Index Fund Admiral	Mutual Fund		287,616
*	Vanguard Short-Term Investment Grade Fund Admiral	Mutual Fund		16,334
*	Vanguard Small-Cap Growth Index Fund Admiral	Mutual Fund		19,613
*	Vanguard Small-Cap Index Fund Admiral	Mutual Fund		9,794
	<b>Total-Carried Forward</b>		<b>\$</b>	<b>556,372,953</b>

\* Party-in-Interest.

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**MERCER UNIVERSITY**  
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**PLAN #001**  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
<b>Vanguard (Continued)</b>				
*	Vanguard INSTL Target Ret 2035 Fund	Mutual Fund		170,481
*	Vanguard INSTL Target Ret 2045 Fund	Mutual Fund		59,038
*	Vanguard INSTL Target Ret 2050 Fund	Mutual Fund		161,711
*	Vanguard INSTL Target Ret Income Fund	Mutual Fund		14,974
*	Vanguard Total International Stock Index Fund	Mutual Fund		3,951
*	Vanguard Total Stock Market Index Fund Admiral	Mutual Fund		286,757
*	Vanguard Wellesley Income Fund Admiral	Mutual Fund		92,159
*	Vanguard Wellesley Income Fund Investor	Mutual Fund		641,121
*	Vanguard Wellington Fund Admiral	Mutual Fund		94,865
*	Vanguard Windsor Fund Admiral	Mutual Fund		350,370
*	Vanguard Windsor II Fund Admiral	Mutual Fund		552,936
			<u>\$</u>	<u>558,801,316</u>

\* Party-in-interest

\* Party-in-Interest.

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EIN #58-0566167  
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SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

(A) *	(B)	(C)	(D) **	(E)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	<b>Ameriprise</b>			
*	Riversource Retirement Advisor 4 Advantage Variable Annuity Qualified	Variable Annuity	\$	55,919
*	Riversource Retirement Advisor Advantage Variable Annuity Qualified	Variable Annuity		62,493
	<b>Guidestone</b>			
*	Aggressive Allocation (GGBZX)	Mutual Fund		47,940
*	Balanced Allocation (GGIZX)	Mutual Fund		120,181
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*	Money Market Fund (GMZXX)	Mutual Fund		312,903
*	MyDestination 2015 (GMTZX)	Mutual Fund		40,775
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*	Strategic Alternatives Fund (GFSZX)	Mutual Fund		37,773
*	Value Equity (GVEZX)	Mutual Fund		460,956
	<b>AXA Equitable</b>			
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*	AXA AB Small Cap Growth	Mutual Fund		40,278
*	AXA Balanced Strategy	Mutual Fund		27,290
*	AXA Conservative Growth Strategy	Mutual Fund		14,069
*	AXA Fr Sm Cap Val Managed Vol	Mutual Fund		7,056
*	AXA Global Equity Managed Vol	Mutual Fund		9,002
*	AXA Int Core Managed Vol	Mutual Fund		6,130
*	AXA Large Cap Growth Managed Vol	Mutual Fund		798
*	AXA Large Cap Value Managed Vol	Mutual Fund		16,727
	<b>Total-Carried Forward</b>		<b>\$</b>	<b>3,708,099</b>

\* Party-in-Interest.

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**MERCER UNIVERSITY**  
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**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A) *	(B)	(C)	(D) **	(E)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	<b>AXA Equitable (Continued)</b>			
*	AXA Loomis Sayles Growth	Mutual Fund		19,230
*	AXA Mid Cap Val Managed Vol	Mutual Fund		26,757
*	AXA Moderate Allocation	Mutual Fund		1,844
*	AXA/Horizon Small Cap Value	Mutual Fund		20,984
*	Charter Multi-Sector Bond	Mutual Fund		7,465
*	EQ/Aggressive Growth Strategy	Mutual Fund		9,254
*	EQ/BlackRock Basic Value Eqty	Mutual Fund		36,468
*	EQ/Com Stek Index	Mutual Fund		25,841
*	EQ/Equity 500 Index	Mutual Fund		29,190
*	EQ/Fidelity INSTNL AM LRG CAP	Mutual Fund		23,425
*	EQ/Gamco Small Company Value	Mutual Fund		6,801
*	EQ/Intermediate Government Bond	Mutual Fund		153
*	EQ/International Equity Index	Mutual Fund		12,794
*	EQ/MFS Mid Cap FOC Used Growth	Mutual Fund		21,915
*	EQ/MFS Technology	Mutual Fund		20,068
*	EQ/Mid Cap Index	Mutual Fund		5,089
*	EQ/Money Market	Mutual Fund		10,385
*	EQ/Morgan Stanley Sml Cap Grw	Mutual Fund		14,780
*	EQ/Oppenheimer Global	Mutual Fund		705
*	EQ/Pimco Global Real Return	Mutual Fund		11,829
*	EQ/PIMCO Ultra Short Bond	Mutual Fund		3,130
*	EQ/Small Company Index	Mutual Fund		715
*	EQ/JPMorgan Growth Stock	Mutual Fund		11,453
*	Guaranteed Interest Account (GIA)	Variable Annuity		60,690
	Delaware Ivy VIP High Income	Mutual Fund		15,488
	Multimanager Aggressive Equity	Mutual Fund		30,138
	Multimanager Core Bond	Mutual Fund		3,920
	Multimanager Technology	Mutual Fund		33,674
*	Target 2035 Allocation	Mutual Fund		42,051
	<b>Fidelity</b>			
*	Fid 500 Index	Mutual Fund		78,655
*	Fid Asset Mgr 60%	Mutual Fund		214
*	Fid Asset Mgr 70%	Mutual Fund		140,319
*	Fid Balanced	Mutual Fund		398,326
*	Fid Blue Chip Gr	Mutual Fund		8,620
*	Fid Blue Chip Value	Mutual Fund		4,821
*	Fid China Region	Mutual Fund		6,196
*	Fid Contrafund	Mutual Fund		241,300
*	Fid Diversifd Intl	Mutual Fund		3,779
*	Fid Emerging Mkts	Mutual Fund		4,581
*	Fid Emrg Mkts Idx	Mutual Fund		4,605
	<b>Total-Carried Forward</b>		<b>\$</b>	<b>5,105,751</b>

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>Fidelity (Continued)</b>			
*	Fid Equity Inc	Mutual Fund		12,442
*	Fid Fdm Idx 2030 Ipr	Mutual Fund		54,956
*	Fid Fidelity Fund	Mutual Fund		5,634
*	Fid Focused Stock	Mutual Fund		8,248
*	Fid Freedom 2015 K	Mutual Fund		66,782
*	Fid Freedom 2025 K	Mutual Fund		416,757
*	Fid Freedom 2030 K	Mutual Fund		39,375
*	Fid Freedom 2045 K	Mutual Fund		226,845
*	Fid Freedom Inc K	Mutual Fund		43,731
*	Fid Gov Cash Reserve	Money Market Fund		111
*	Fid Govt MMRK PRM	Money Market Fund		83,239
*	Fid Growth & Inc	Mutual Fund		810,252
*	Fid Growth Company	Mutual Fund		5,611
*	Fid Intermed Bond	Mutual Fund		13,927
*	Fid Intl Cap Apprec	Mutual Fund		8,549
*	Fid Intl Discovery	Mutual Fund		1,815
*	Fid Intl Value	Mutual Fund		2,374
*	Fid Intm Govt Income	Mutual Fund		12,626
*	Fid Japan Small Co	Mutual Fund		2,496
*	Fid Large Cap Stock	Mutual Fund		116,104
*	Fid Low Priced Stk	Mutual Fund		2,430
*	Fid Magellan	Mutual Fund		165,729
*	Fid Mid Cap Idx	Mutual Fund		2,639
*	Fid Mid Cap Stock	Mutual Fund		55,910
*	Fid Mid Cap Value	Mutual Fund		2,579
*	Fid Multi Asset Idx	Mutual Fund		8,944
*	Fid Natural Res	Mutual Fund		84
*	Fid Real Estate Inc	Mutual Fund		5,882
*	Fid Sel Biotech	Mutual Fund		3,622
*	Fid Sel Brokerage	Mutual Fund		13,739
*	Fid Sel Cons Discr	Mutual Fund		11,551
*	Fid Sel Constr/House	Mutual Fund		15,457
*	Fid Sel Energy	Mutual Fund		13,122
*	Fid Sel Healthcare	Mutual Fund		4,489
*	Fid Sel Med Tech&Dv	Mutual Fund		2,362
*	Fid Sel Software	Mutual Fund		4,924
*	Fid Sel Technology	Mutual Fund		33,561
*	Fid Sel Utilities	Mutual Fund		4,884
*	Fid Sm Cap Discovery	Mutual Fund		2,382
*	Fid Small Cap Growth	Mutual Fund		4,605
*	Fid Small Cap Stock	Mutual Fund		4,447
*	Fid Small Cap Value	Mutual Fund		13,594
*	Fid Stk Sel Sm Cap	Mutual Fund		4,682
*	Fid Total Mkt Idx	Mutual Fund		38,881
*	Fidelity Govt Income	Mutual Fund		4,955
	<b>Total-Carried Forward</b>		<b>\$</b>	<b>7,463,079</b>

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>Lincoln</b>			
*	Fixed Account	Variable Annuity		128,567
*	LVIP Blended Lrg Cap Growth Mngd Voltlty	Mutual Fund		3,641
*	LVIP Dimensional US Core Equity 1	Mutual Fund		448,758
	<b>TIAA</b>			
*	TIAA Traditional Benefit Responsive	Fixed Annuity		12,742,983
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity		38,835,430
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity		74,249,302
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity		14,382,712
*	TIAA Traditional Benefit Responsive (Plan Loan Defaulted Collateral)	Fixed Annuity		71,189
*	TIAA Real Estate	Pooled Separate Account		15,348,276
*	CREF Core Bond	Variable Annuity		7,948,753
*	CREF Equity Index	Variable Annuity		15,945,311
*	CREF Global Equities	Variable Annuity		24,371,361
*	CREF Growth	Variable Annuity		38,217,272
*	CREF Inflation-Linked Bond	Variable Annuity		5,972,163
*	CREF Money Market	Variable Annuity		4,312,535
*	CREF Social Choice	Variable Annuity		14,667,115
*	CREF Stock	Variable Annuity		81,878,357
	JPMorgan Emerging Mrkts Eq	Mutual Fund		2,068,814
	JPMorgan International Eqty	Mutual Fund		7,009,550
	MFS Mid Cap Growth Fund	Mutual Fund		1,891,222
	PGIM Total Return Bond R6	Mutual Fund		2,540,837
*	TIAA-CREF Money Market-Inst	Mutual Fund		1,623,809
*	Vanguard Equity Income Adm	Mutual Fund		11,682,517
*	Vanguard Extended Mkt Idx Adm	Mutual Fund		24,245,320
*	Vanguard Inst Idx Inst	Mutual Fund		54,033,793
*	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund		35,781,854
*	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund		40,689,518
	Victory Sycamore Estab Val R6	Mutual Fund		6,886,158
	Victory Sycamore Sm-Co Opp R6	Mutual Fund		1,711,216
	Wasatch Core Growth Fund Inst	Mutual Fund		2,759,269
*	Participation Loan Fund	Interest Rate 4.25% to 9.50%		659,069
	<b>Valic</b>			
*	Aggressive Growth Lifestyle	Mutual Fund		333,160
*	Ariel Appreciation Fund	Mutual Fund		1,280
*	Ariel Fund	Mutual Fund		2,705
*	Core Bond Fund	Mutual Fund		115,003
*	Dividend Value	Mutual Fund		25,078
*	Emerging Economies	Mutual Fund		17,817
*	Fixed Account Plus	Variable Annuity		1,682,034
*	Global Real Estate Fund	Mutual Fund		5,925
*	Global Strategy	Mutual Fund		7,926
*	Government Securities Fund	Mutual Fund		686
*	Growth Fund	Mutual Fund		44,742
*	GS VIT Gov Money Market Fund Inst	Mutual Fund		7,215
*	High Yield Bond Fund	Mutual Fund		23,508
	<b>Total-Carried Forward</b>			<b>\$ 552,836,829</b>

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**SCHEDULE H, LINE 4i**  
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**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
	<b>Valic (Continued)</b>			
*	Inflation Protected Fund	Mutual Fund		26,080
*	International Equities Index Fund	Mutual Fund		28,321
*	International Growth Fund	Mutual Fund		4,555
*	International Value Fund	Mutual Fund		64,446
*	Intl Opportunities	Mutual Fund		15,765
*	Intl Socially Responsible Fund	Mutual Fund		170,932
*	Invesco Bal Risk Commod Str R5	Mutual Fund		11,748
*	Large Capital Growth	Mutual Fund		28,840
*	Loan Collateral Fund	Interest Rate 1.00% to 2.50%		16,906
*	Loan Escrow Fund	Interest Rate 1.00% to 2.50%		246
*	Mid Cap Index Fund	Mutual Fund		349,376
*	Mid Cap Strategic Gwth	Mutual Fund		4,660
*	Mid Cap Value Fund	Mutual Fund		23,798
*	Moderate Growth Lifestyle	Mutual Fund		167,777
*	Nasdaq-100R Index Fund	Mutual Fund		3,255
*	Science & Technology Fund	Mutual Fund		41,617
*	Short Term Fixed Account	Variable Annuity		43,624
*	Small Cap Growth Fund	Mutual Fund		596
*	Small Cap Index Fund	Mutual Fund		161,732
*	Small Cap Value Fund	Mutual Fund		10,917
*	Stock Index Fund	Mutual Fund		665,775
*	Systematic Growth Fund	Mutual Fund		7,360
*	Systematic Value	Mutual Fund		7,489
*	US Socially Responsible Fund	Mutual Fund		27,335
*	Vanguard Lifestrategy Growth	Mutual Fund		535
*	Vanguard Wellington Fund, Inc.	Mutual Fund		23,629
*	Vanguard Windsor II	Mutual Fund		53,515
*	Vc I Capital Appreciation	Mutual Fund		9,422
*	Vc I Conserv Growth Lifestyle	Mutual Fund		5,036
	<b>Vanguard</b>			
*	Vanguard 500 Index Fund Admiral	Mutual Fund		371,275
*	Vanguard Federal Money Market Inv	Money Market Fund		4,702
*	Vanguard FTSE All-World ex-US Idx Adm	Mutual Fund		85,208
*	Vanguard FTSE Social Index Admiral	Mutual Fund		133,542
*	Vanguard GNMA Fund Admiral	Mutual Fund		33,444
*	Vanguard Growth and Income Admiral	Mutual Fund		14,791
*	Vanguard Health Care Fund Admiral	Mutual Fund		232,742
*	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund		27,298
*	Vanguard International Value Fund	Mutual Fund		46,070
*	Vanguard Long-Term Investment-Grade Fund Investor	Mutual Fund		96,287
*	Vanguard Long-Term Treasury Fund Admiral	Mutual Fund		2,705
*	Vanguard Mid-Cap Growth Index Fund Admiral	Mutual Fund		179,416
*	Vanguard Mid-Cap Value Index Fund Admiral	Mutual Fund		287,616
*	Vanguard Short-Term Investment Grade Fund Admiral	Mutual Fund		16,334
*	Vanguard Small-Cap Growth Index Fund Admiral	Mutual Fund		19,613
*	Vanguard Small-Cap Index Fund Admiral	Mutual Fund		9,794
	<b>Total-Carried Forward</b>			<u>\$ 556,372,953</u>

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	** Cost	Current Value
<b>Vanguard (Continued)</b>				
*	Vanguard INSTL Target Ret 2035 Fund	Mutual Fund		170,481
*	Vanguard INSTL Target Ret 2045 Fund	Mutual Fund		59,038
*	Vanguard INSTL Target Ret 2050 Fund	Mutual Fund		161,711
*	Vanguard INSTL Target Ret Income Fund	Mutual Fund		14,974
*	Vanguard Total International Stock Index Fund	Mutual Fund		3,951
*	Vanguard Total Stock Market Index Fund Admiral	Mutual Fund		286,757
*	Vanguard Wellesley Income Fund Admiral	Mutual Fund		92,159
*	Vanguard Wellesley Income Fund Investor	Mutual Fund		641,121
*	Vanguard Wellington Fund Admiral	Mutual Fund		94,865
*	Vanguard Windsor Fund Admiral	Mutual Fund		350,370
*	Vanguard Windsor II Fund Admiral	Mutual Fund		552,936
			<u>\$</u>	<u>558,801,316</u>

\* Party-in-interest

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