Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MERCER UNIVERSITY

CATHY SMITH

1501 MERCER UNIVERSITY DRIVE
MACON, GA 31207-0001

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CATHY SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3802
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1839
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1942
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1501
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3443
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	35
f	Total. Add lines **6d** and **6e**.	**6f**	3478
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	3800
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3471
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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	9	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
477	

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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	63774
5	Current value of plan's interest under this contract in separate accounts at year end	5	660830

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A-FULLY FUNDED W/UNALLOCATED FDS

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

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

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

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

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

b	Balance at the end of the previous year			7b	60690
c	Additions: (1) Contributions deposited during the year	7c(1)	1440		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1839		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3279
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	63969
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	4		
	(3) Transferred to separate account	7e(3)	191		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	195
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	63774

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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) 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
35-0472300	65676	GP01650	5	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1867	

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

OSAIC WEALTH INC
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1478		SALES & BASE COMMISSIONS	4

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

OSAIC FA INC
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
389		SALES & BASE COMMISSIONS	4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	130023
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	128567
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4491		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	4491
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	133058
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3010		
	(2) Administration charge made by carrier	7e(2)	25		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	3035
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	130023

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	101581	3487	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	140556737
5	Current value of plan's interest under this contract in separate accounts at year end	5	217652470

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	140281616
c	Additions: (1) Contributions deposited during the year	7c(1)	2409032		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5985511		
	(4) Transferred from separate account	7c(4)	11216827		
	(5) Other (specify below)	7c(5)	56294		
	▶ OTHER				
	(6)Total additions			7c(6)	19667664
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	159949280
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11017537		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	8202972		
	(4) Other (specify below)	7e(4)	172034		
	▶ OTHER				
	(5) Total deductions			7e(5)	19392543
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	140556737

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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) 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
74-1625348	70238	40161	46	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1060	

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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
861			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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
128			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	
37			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	
34			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1678006
5	Current value of plan's interest under this contract in separate accounts at year end	5	2768832

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	1725658
c	Additions: (1) Contributions deposited during the year	7c(1)	36040		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	64932		
	(4) Transferred from separate account	7c(4)	21780		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	122752
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1848410
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	170330		
	(2) Administration charge made by carrier	7e(2)	18		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHANGES	7e(4)	56		
	(5) Total deductions			7e(5)	170404
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1678006

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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	2	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	124853

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) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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

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

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

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

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

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

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

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

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

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?
		52500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
		200656	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [X] No [ ]	Yes [X] No [ ]	10516	Yes [ ] No [X]

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?
		0	Yes [X] No [ ]	Yes [X] No [ ]	12977	Yes [X] No [ ]

(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 [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAGEVIEW ADVISORY GROUP LLC

1920 MAIN ST STE 800
IRVINR, CA 92614

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?
		31963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	15733091

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	4875	2583
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	88051	43224
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	611381	872570
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15348276	15733091
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	400373826	447003030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	142314943	142553393
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	558741352	606207891
Liabilities			
1g Benefit claims payable	1g		1400
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		1400
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	558741352	606206491

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	11273888	
(B) Participants	2a(1)(B)	7881248	
(C) Others (including rollovers)	2a(1)(C)	3418329	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		22573465
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3179	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	61535	
(F) Other	2b(1)(F)	6057079	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6121793
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7799813	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7799813
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9931	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		9931
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		617323
(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)		61325875
c Other income	2c		203452
d Total income. Add all **income** amounts in column (b) and enter total	2d		98651652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48985140	
(2) To insurance carriers for the provision of benefits	2e(2)	2079128	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		51064268
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2245	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	52500	
(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)		122245
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		51186513
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47465139
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MERCER UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCER UNIVERSITY

D Employer Identification Number (EIN)
58-0566167

Part I Distributions

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

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

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

EIN(s): 82-2826183 04-2647786

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A .

MERCER UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
MACON, GEORGIA

FINANCIAL STATEMENTS AS OF
DECEMBER 31, 2025 AND 2024 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.

McNair McLemore Middlebrooks & Co
Certified Public Accountants

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Post Office Box One | Macon, Georgia 31202
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October 6, 2026

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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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, 2025 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

	2025	2024
Assets		
Investments at Fair Value	**$ 551,891,706**	$ 506,475,494
Investments at Contract Value	**53,441,033**	51,649,602
	605,332,739	558,125,096
Receivables		
Participants' Contributions	**2,583**	4,875
Notes Receivable from Participants	**906,962**	676,220
	909,545	681,095
Total Assets	**606,242,284**	558,806,191
Liabilities		
Benefits Payable	**1,400**	-
Total Liabilities	**1,400**	-
Net Assets Available for Benefits	**$ 606,240,884**	$ 558,806,191

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, 2025

Additions	
Investment Income	
Interest and Dividends	$ 14,548,860
Net Appreciation in Fair Value of Investments	61,325,875
Plan Services Credit	203,453
	76,078,188
Contributions	
Employer	11,273,888
Participants	7,881,248
Rollovers	3,418,329
	22,573,465
Total Additions	98,651,653
Deductions	
Benefits Paid to Participants	49,015,587
Annuity Settlement Options	2,079,128
Administrative Expenses	122,245
Total Deductions	51,216,960
Net Increase	47,434,693
Net Assets Available for Benefits	
Beginning of Year	558,806,191
End of Year	$ 606,240,884

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

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 creditable 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, 2025, 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. Generally, 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, subject to reductions for certain outstanding or prior loans and other limitations under the Plan. Loans are secured by the balance in the participant's account. Loan terms range from 1 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, 2025. 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), and AXA Equitable Life Insurance Company (AXA Equitable). 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, 2025 and 2024. 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 2025 and 2024 was 4.12 percent and 3.03 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, 2025.

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, and Vanguard (the Plan trustees) as of December 31, 2025 and 2024, 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 5), 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, 2025 and 2024.

- Other than net appreciation in fair value of investments and interest income on notes receivable from participants held and administered by Guidestone (see note 5), 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, 2025.

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 $3,149,126 and $3,468,155 held by Guidestone as of December 31, 2025 and 2024, 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, 2025 and 2024.

- 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:

	2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Fixed Annuity Contracts	**$ -**	**$ -**	**$ 87,115,704**	**$ 87,115,704**
Money Market Funds	**8,897**	**-**	**-**	**8,897**
Mutual Funds	**245,117,980**	-	-	**245,117,980**
Total Assets in the Fair Value Hierarchy	**$ 245,126,877**	**$ -**	**$ 87,115,704**	**332,242,581**
Investments Measured at NAV Practical Expedient*				**219,649,125**
Total Investments at Fair Value				**$ 551,891,706**

	2024			
	Level 1	Level 2	Level 3	Total
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	$ 207,149,011	$ -	$ 88,632,014	295,781,025
Investments Measured at NAV Practical Expedient*				210,694,469
Total Investments at Fair Value				$ 506,475,494

* 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.

	2025 Fair Value	2024 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Variable Annuity Contracts					
Equity Funds	**$ 166,636,962**	$ 160,530,712	None	Daily	None
Social Choice	**15,397,572**	14,667,115	None	Daily	None
Money Market Fund	**6,257,308**	6,227,450	None	Daily	None
Bond Funds	**15,624,192**	13,920,916	None	Daily	None
	203,916,034	195,346,193			
Pooled Separate Account					
Real Estate Fund	**15,733,091**	15,348,276	None	Quarterly	None
	$ 219,649,125	$ 210,694,469			

- *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:

	2025 Fair Value	2024 Fair Value	Valuation Technique	Significant Unobservable Inputs	Range of Significant Values
TIAA Traditional Account NonBenefit Responsive	**$ 87,115,704**	$ 88,632,014	Discounted cash flow theoretical transfer (exit value)	Transactions involving the purchases/sales of individual TIAA traditional contracts	3.55% - 6.50%

Total purchases and sales of the TIAA Traditional Account NonBenefit Responsive contracts were $8,628,531 and $13,110,705, respectively, for the year ended December 31, 2025.

(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, 2025 and 2024, Plan loans to TIAA participants totaled $80,238 and $100,646, 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, 2025 and 2024, RPLs to TIAA participants totaled $892,817 and $659,069, 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, 2025, 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 $2,245 for the year ended December 31, 2025. Additionally, professional and investment consulting fees totaling $120,000 were paid by revenue sharing fees credited to the Plan. For the year ended December 31, 2025, revenue sharing fees credited to the Plan totaled $203,453.

(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, 2025 to Form 5500:

	2025	2024
Net Assets Available for Benefits per the Financial Statements	**$ 606,240,884**	$ 558,806,191
Deemed Distributed Retirement Plan Loans*	**(34,393)**	(64,839)
Net Assets Available for Benefits per Form 5500	**$ 606,206,491**	$ 558,741,352
Net Increase per the Financial Statements		$ 47,434,693
Change In Deemed Distributed Retirement Plan Loans*		30,446
Net Increase per Form 5500		$ 47,465,139

*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 6, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MERCER UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
EIN #58-0566167
PLAN #001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Ameriprise			
*	Riversource Retirement Advisor 4 Advantage Variable Annuity Qualified	Variable Annuity		$ 64,368
*	Riversource Retirement Advisor Advantage Variable Annuity Qualified	Variable Annuity		60,484
	Guidestone			
*	Aggressive Allocation (GGBZX)	Mutual Fund		42,647
*	Balanced Allocation (GGIZX)	Mutual Fund		135,119
*	Conservative Allocation (GFIZX)	Mutual Fund		235,746
*	Defensive Market Strategies (GDMZX)	Mutual Fund		352,903
*	Emerging Markets Equity (GEMZX)	Mutual Fund		17,810
*	Equity Index (GEQZX)	Mutual Fund		484,921
*	Financial Resources Stable Value - Investor	Mutual Fund		132,208
*	Global Bond (GGBFX)	Mutual Fund		21,068
*	Global Real Estate Securities (GREZX)	Mutual Fund		15,518
*	Growth Equity (GGEZX)	Mutual Fund		256,108
*	International Equity (GIEZX)	Mutual Fund		114,414
*	International Equity Index (GIIZX)	Mutual Fund		123,575
*	Low-Duration Bond (GLDZX)	Mutual Fund		52,717
*	Medium-Duration Bond (GMDZX)	Mutual Fund		332,957
*	Moderately Aggressive Allocation (GCOZX)	Mutual Fund		369,135
*	Money Market Fund (GMZXX)	Mutual Fund		220,009
*	MyDestination 2015 (GMTZX)	Mutual Fund		40,740
*	MyDestination 2025 (GMWZX)	Mutual Fund		15,270
*	MyDestination 2035 (GMHZX)	Mutual Fund		4,776
*	MyDestination 2045 (GMFZX)	Mutual Fund		13,265
*	Small Cap Equity (GSCZX)	Mutual Fund		63,981
*	Strategic Alternatives Fund (GFSZX)	Mutual Fund		36,917
*	Value Equity (GVEZX)	Mutual Fund		67,322
	AXA Equitable			
	All Asset Growth Alt Twenty	Mutual Fund		210
*	AXA AB Small Cap Growth	Mutual Fund		43,738
*	AXA Balanced Strategy	Mutual Fund		32,034
*	AXA Conservative Growth Strategy	Mutual Fund		18,163
*	AXA Fr Sm Cap Val Managed Vol	Mutual Fund		8,984
*	AXA Global Equity Managed Vol	Mutual Fund		10,581
*	AXA Int Core Managed Vol	Mutual Fund		7,621
*	AXA Large Cap Growth Managed Vol	Mutual Fund		870
*	AXA Large Cap Value Managed Vol	Mutual Fund		18,258
*	AXA Loomis Sayles Growth	Mutual Fund		22,960
*	AXA Mid Cap Val Managed Vol	Mutual Fund		27,707
*	AXA Moderate Allocation	Mutual Fund		1,805
	Total-Carried Forward			$ 3,466,909

* Party-in-Interest.
** All funds are participant-directed investments. Cost amounts are not required for participant-directed funds.

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DEFINED CONTRIBUTION RETIREMENT PLAN
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FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	AXA Equitable (Continued)			
	Total Brought Forward			$ 3,466,909
*	AXA/Horizon Small Cap Value	Mutual Fund		21,963
*	Charter Multi-Sector Bond	Mutual Fund		7,987
*	EQ/Aggressive Growth Strategy	Mutual Fund		11,762
*	EQ/BlackRock Basic Value Eqty	Mutual Fund		42,934
*	EQ/Com Stck Index	Mutual Fund		28,945
*	EQ/Equity 500 Index	Mutual Fund		33,733
*	EQ/Fidelity INSTNL AM LRG CAP	Mutual Fund		27,352
*	EQ/Gamco Small Company Value	Mutual Fund		7,571
*	EQ/Intermediate Government Bond	Mutual Fund		158
*	EQ/International Equity Index	Mutual Fund		16,593
*	EQ/MFS Mid Cap FOC Used Growth	Mutual Fund		24,251
*	EQ/MFS Technology	Mutual Fund		26,124
*	EQ/Mid Cap Index	Mutual Fund		5,364
*	EQ/Money Market	Mutual Fund		12,966
*	EQ/Morgan Stanley Sml Cap Grw	Mutual Fund		15,659
*	EQ/Oppenheimer Global	Mutual Fund		803
*	EQ/Pimco Global Real Return	Mutual Fund		13,770
*	EQ/PIMCO Ultra Short Bond	Mutual Fund		3,226
*	EQ/Small Company Index	Mutual Fund		789
*	EQ/JPMorgan Growth Stock	Mutual Fund		12,966
*	Guaranteed Interest Account (GIA)	Variable Annuity		63,774
	Nomura VIP High Income	Mutual Fund		16,968
	Multimanager Aggressive Equity	Mutual Fund		34,263
	Multimanager Core Bond	Mutual Fund		4,142
	Multimanager Technology	Mutual Fund		45,037
*	Target 2035 Allocation	Mutual Fund		52,572
	Fidelity			
*	Fid 500 Index	Mutual Fund		54,779
*	Fid Asset Mgr 60%	Mutual Fund		250
*	Fid Blue Chip Gr	Mutual Fund		3,384
*	Fid Canada	Mutual Fund		2,851
*	Fid China Region	Mutual Fund		8,834
*	Fid Contrafund	Mutual Fund		52,869
*	Fid Diversifd Intl	Mutual Fund		4,806
*	Fid Emerging Asia	Mutual Fund		3,181
*	Fid Emerging Mkts	Mutual Fund		6,002
*	Fid Emrg Mkts Idx	Mutual Fund		6,167
*	Fid Equity Inc	Mutual Fund		14,803
*	Fid Europe	Mutual Fund		2,906
*	Fid Fidelity Fund	Mutual Fund		6,735
*	Fid Focused Stock	Mutual Fund		11,371
*	Fid Freedom 2015 K	Mutual Fund		78,788
*	Fid Freedom 2025 K	Mutual Fund		494,982
	Total-Carried Forward			$ 4,751,289

* Party-in-Interest.
** All funds are participant-directed investments. Cost amounts are not required for participant-directed funds.

MERCER UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
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DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Fidelity (Continued)			
	Total Brought Forward			$ 4,751,289
*	Fid Freedom 2030 K	Mutual Fund		47,965
*	Fid Freedom 2045 K	Mutual Fund		280,680
*	Fid Freedom Retire K	Mutual Fund		49,845
*	Fid Global Eq Income	Mutual Fund		2,945
*	Fid Gov Cash Reserve	Money Market Fund		115
*	Fid Govt Mmrk Prm	Money Market Fund		8,781
*	Fid Growth & Inc	Mutual Fund		53,790
*	Fid Growth Company	Mutual Fund		6,976
*	Fid Intl Cap Appr	Mutual Fund		10,364
*	Fid Intl Discovery	Mutual Fund		2,317
*	Fid Intl Growth	Mutual Fund		2,817
*	Fid Intl Real Estate	Mutual Fund		2,808
*	Fid Intl Sustn Idx	Mutual Fund		5,944
*	Fid Intl Value	Mutual Fund		12,084
*	Fid Intm Govt Income	Mutual Fund		13,382
*	Fid Japan	Mutual Fund		3,044
*	Fid Japan Small Co	Mutual Fund		2,907
*	Fid Large Cap Stock	Mutual Fund		151,317
*	Fid Magellan	Mutual Fund		183,232
*	Fid Mid Cap Stock	Mutual Fund		65,919
*	Fid Multi Asset Idx	Mutual Fund		10,746
*	Fid Natural Res	Mutual Fund		108
*	Fid Nordic	Mutual Fund		5,487
*	Fid Overseas	Mutual Fund		2,719
*	Fid Pacific Basin	Mutual Fund		6,278
*	Fid Real Estate Inc	Mutual Fund		6,304
*	Fid Sel Biotech	Mutual Fund		4,940
*	Fid Sel Brokerage	Mutual Fund		23,242
*	Fid Sel Cons Discr	Mutual Fund		12,329
*	Fid Sel Constr/House	Mutual Fund		16,139
*	Fid Sel Energy	Mutual Fund		14,479
*	Fid Sel Healthcare	Mutual Fund		5,136
*	Fid Sel Insurance	Mutual Fund		8,853
*	Fid Sel Med Tech&Dv	Mutual Fund		2,475
*	Fid Sel Software	Mutual Fund		5,162
*	Fid Sel Technology	Mutual Fund		41,413
*	Fid Sel Utilities	Mutual Fund		13,588
*	Fid Small Cap Growth	Mutual Fund		11,025
*	Fid Small Cap Stock	Mutual Fund		5,122
*	Fid Small Cap Value	Mutual Fund		20,645
*	Fid Stk Sel Sm Cap	Mutual Fund		14,299
*	Fid Total Intl Eq	Mutual Fund		2,992
*	Fid Total Mkt Idx	Mutual Fund		45,510
*	Fidelity Govt Income	Mutual Fund		44
	Total-Carried Forward			$ 5,937,556

* Party-in-Interest.
** All funds are participant-directed investments. Cost amounts are not required for participant-directed funds.

MERCER UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
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PLAN #001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Lincoln			
	Total Brought Forward			$ 5,937,556
*	Fixed Account	Variable Annuity		130,023
*	LVIP Blended Lrg Cap Growth Mngd Voltlty	Mutual Fund		3,771
*	LVIP Dimensional US Core Equity 1	Mutual Fund		514,482
	TIAA			
*	TIAA Traditional Benefit Responsive	Fixed Annuity		12,067,329
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity		41,298,885
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity		71,395,442
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity		15,720,262
*	TIAA Traditional Benefit Responsive (Plan Loan Defaulted Collateral)	Fixed Annuity		74,819
*	TIAA Real Estate	Pooled Separate		15,733,091
*	CREF Core Bond	Variable Annuity		8,329,184
*	CREF Equity Index	Variable Annuity		15,450,023
*	CREF Global Equities	Variable Annuity		26,782,838
*	CREF Growth	Variable Annuity		41,101,432
*	CREF Inflation-Linked Bond	Variable Annuity		7,295,008
*	CREF Money Market	Variable Annuity		4,385,505
*	CREF Social Choice	Variable Annuity		15,397,572
*	CREF Stock	Variable Annuity		83,177,817
	JPMorgan Emerging Mrkts Eq	Mutual Fund		2,742,307
	JPMorgan International Eqty	Mutual Fund		7,632,705
	MFS Mid Cap Growth Fund	Mutual Fund		1,545,938
	PGIM Total Return Bond	Mutual Fund		2,602,861
*	TIAA-CREF Money Market-Inst	Mutual Fund		2,475,946
*	Vanguard Equity Income Adm	Mutual Fund		11,280,291
*	Vanguard Extended Mkt Idx Adm	Mutual Fund		30,384,054
*	Vanguard Inst Idx Inst	Mutual Fund		70,286,228
*	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund		42,609,129
*	Vanguard Ttl Intl Stk Idx Adm	Mutual Fund		52,511,524
	Victory Sycamore Estab Val R6	Mutual Fund		4,406,727
	Victory Sycamore Sm-Co Opp R6	Mutual Fund		1,289,295
	Wasatch Core Growth Fund Inst	Mutual Fund		1,777,456
*	Participation Loan Fund	Interest Rate 4.25% to 9.50%		892,817
	Valic			
*	Aggressive Allocation Lifestyle Fund	Mutual Fund		423,110
*	Ariel Appreciation Fund	Mutual Fund		1,401
*	Ariel Fund	Mutual Fund		2,707
	Conservative Allocation Lifestyle Fund	Mutual Fund		5,898
*	Core Bond Fund	Mutual Fund		126,643
*	Dividend Value	Mutual Fund		31,256
*	Emerging Economies	Mutual Fund		23,142
*	Fixed Account Plus	Variable Annuity		1,632,798
*	Global Real Estate Fund	Mutual Fund		5,586
*	Global Strategy	Mutual Fund		9,805
*	Government Securities Fund	Mutual Fund		1,520
*	Growth Fund	Mutual Fund		49,057
*	GS VIT Gov Money Market Fund Inst	Mutual Fund		9,875
*	High Yield Bond Fund	Mutual Fund		26,911
	Total-Carried Forward			$ 599,582,026

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MERCER UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
EIN #58-0566167
PLAN #001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Valic (Continued)			
	Total Brought Forward			$ 599,582,026
*	Inflation Protected Fund	Mutual Fund		29,688
*	International Equities Index Fund	Mutual Fund		36,895
*	International Growth Fund	Mutual Fund		5,464
*	International Value Fund	Mutual Fund		82,907
*	Intl Opportunities	Mutual Fund		17,315
*	Intl Socially Responsible Fund	Mutual Fund		216,944
*	Invesco Bal Risk Commod Str R5	Mutual Fund		14,265
*	Large Capital Growth	Mutual Fund		30,900
*	Loan Collateral Fund	Interest Rate 1.00% to 2.50%		13,891
*	Loan Escrow Fund	Interest Rate 1.00% to 2.50%		253
*	Mid Cap Index Fund	Mutual Fund		242,872
*	Mid Cap Strategic Gwth	Mutual Fund		5,006
*	Mid Cap Value Fund	Mutual Fund		26,612
*	Moderate Allocation Lifestyle	Mutual Fund		204,523
*	Nasdaq-100(R) Index Fund	Mutual Fund		4,513
*	Science & Technology Fund	Mutual Fund		37,788
*	Short Term Fixed Account	Variable Annuity		45,208
*	Small Cap Growth Fund	Mutual Fund		429
*	Small Cap Index Fund	Mutual Fund		185,825
*	Small Cap Value Fund	Mutual Fund		12,752
*	Stock Index Fund	Mutual Fund		744,351
	Systematic Core Fund	Mutual Fund		2,625
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*	Systematic Value	Mutual Fund		8,804
*	US Socially Responsible Fund	Mutual Fund		29,106
*	Vanguard Lifestrategy Growth	Mutual Fund		632
*	Vanguard Wellington Fund, Inc.	Mutual Fund		26,134
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*	Vanguard 500 Index Adm	Mutual Fund		443,563
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*	Vanguard International Value Inv	Mutual Fund		59,873
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*	Vanguard Long-Term Treasury Adm	Mutual Fund		2,855
*	Vanguard MStar Mid-Cap Growth Index Adm	Mutual Fund		198,570
*	Vanguard MStar Mid-Cap Value Index Adm	Mutual Fund		328,298
*	Vanguard MStar Small-Cap Growth Idx Adm	Mutual Fund		21,265
*	Vanguard MStar Small-Cap Index Fund Adm	Mutual Fund		10,648
*	Vanguard MStar Total Stock Mkt Idx Adm	Mutual Fund		320,224
*	Vanguard Short-Term Invest Grade Adm	Mutual Fund		17,450
	Total-Carried Forward			$ 603,841,495

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FORM 5500, SCHEDULE H, LINE 4i
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DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Vanguard (Continued)			
	Total Brought Forward			$ 603,841,495
*	Vanguard Target Retirement 2035 Fund	Mutual Fund		200,302
*	Vanguard Target Retirement 2045 Fund	Mutual Fund		70,761
*	Vanguard Target Retirement 2050 Fund	Mutual Fund		196,182
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	Ameriprise			
*	Riversource Retirement Advisor 4 Advantage Variable Annuity Qualified	Variable Annuity		$ 64,368
*	Riversource Retirement Advisor Advantage Variable Annuity Qualified	Variable Annuity		60,484
	Guidestone			
*	Aggressive Allocation (GGBZX)	Mutual Fund		42,647
*	Balanced Allocation (GGIZX)	Mutual Fund		135,119
*	Conservative Allocation (GFIZX)	Mutual Fund		235,746
*	Defensive Market Strategies (GDMZX)	Mutual Fund		352,903
*	Emerging Markets Equity (GEMZX)	Mutual Fund		17,810
*	Equity Index (GEQZX)	Mutual Fund		484,921
*	Financial Resources Stable Value - Investor	Mutual Fund		132,208
*	Global Bond (GGBFX)	Mutual Fund		21,068
*	Global Real Estate Securities (GREZX)	Mutual Fund		15,518
*	Growth Equity (GGEZX)	Mutual Fund		256,108
*	International Equity (GIEZX)	Mutual Fund		114,414
*	International Equity Index (GIIZX)	Mutual Fund		123,575
*	Low-Duration Bond (GLDZX)	Mutual Fund		52,717
*	Medium-Duration Bond (GMDZX)	Mutual Fund		332,957
*	Moderately Aggressive Allocation (GCOZX)	Mutual Fund		369,135
*	Money Market Fund (GMZXX)	Mutual Fund		220,009
*	MyDestination 2015 (GMTZX)	Mutual Fund		40,740
*	MyDestination 2025 (GMWZX)	Mutual Fund		15,270
*	MyDestination 2035 (GMHZX)	Mutual Fund		4,776
*	MyDestination 2045 (GMFZX)	Mutual Fund		13,265
*	Small Cap Equity (GSCZX)	Mutual Fund		63,981
*	Strategic Alternatives Fund (GFSZX)	Mutual Fund		36,917
*	Value Equity (GVEZX)	Mutual Fund		67,322
	AXA Equitable			
	All Asset Growth Alt Twenty	Mutual Fund		210
*	AXA AB Small Cap Growth	Mutual Fund		43,738
*	AXA Balanced Strategy	Mutual Fund		32,034
*	AXA Conservative Growth Strategy	Mutual Fund		18,163
*	AXA Fr Sm Cap Val Managed Vol	Mutual Fund		8,984
*	AXA Global Equity Managed Vol	Mutual Fund		10,581
*	AXA Int Core Managed Vol	Mutual Fund		7,621
*	AXA Large Cap Growth Managed Vol	Mutual Fund		870
*	AXA Large Cap Value Managed Vol	Mutual Fund		18,258
*	AXA Loomis Sayles Growth	Mutual Fund		22,960
*	AXA Mid Cap Val Managed Vol	Mutual Fund		27,707
*	AXA Moderate Allocation	Mutual Fund		1,805
	Total-Carried Forward			$ 3,466,909

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EIN #58-0566167
PLAN #001
FORM 5500, SCHEDULE H, LINE 4i
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DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	AXA Equitable (Continued)			
	Total Brought Forward			$ 3,466,909
*	AXA/Horizon Small Cap Value	Mutual Fund		21,963
*	Charter Multi-Sector Bond	Mutual Fund		7,987
*	EQ/Aggressive Growth Strategy	Mutual Fund		11,762
*	EQ/BlackRock Basic Value Eqty	Mutual Fund		42,934
*	EQ/Com Stck Index	Mutual Fund		28,945
*	EQ/Equity 500 Index	Mutual Fund		33,733
*	EQ/Fidelity INSTNL AM LRG CAP	Mutual Fund		27,352
*	EQ/Gamco Small Company Value	Mutual Fund		7,571
*	EQ/Intermediate Government Bond	Mutual Fund		158
*	EQ/International Equity Index	Mutual Fund		16,593
*	EQ/MFS Mid Cap FOC Used Growth	Mutual Fund		24,251
*	EQ/MFS Technology	Mutual Fund		26,124
*	EQ/Mid Cap Index	Mutual Fund		5,364
*	EQ/Money Market	Mutual Fund		12,966
*	EQ/Morgan Stanley Sml Cap Grw	Mutual Fund		15,659
*	EQ/Oppenheimer Global	Mutual Fund		803
*	EQ/Pimco Global Real Return	Mutual Fund		13,770
*	EQ/PIMCO Ultra Short Bond	Mutual Fund		3,226
*	EQ/Small Company Index	Mutual Fund		789
*	EQ/JPMorgan Growth Stock	Mutual Fund		12,966
*	Guaranteed Interest Account (GIA)	Variable Annuity		63,774
	Nomura VIP High Income	Mutual Fund		16,968
	Multimanager Aggressive Equity	Mutual Fund		34,263
	Multimanager Core Bond	Mutual Fund		4,142
	Multimanager Technology	Mutual Fund		45,037
*	Target 2035 Allocation	Mutual Fund		52,572
	Fidelity			
*	Fid 500 Index	Mutual Fund		54,779
*	Fid Asset Mgr 60%	Mutual Fund		250
*	Fid Blue Chip Gr	Mutual Fund		3,384
*	Fid Canada	Mutual Fund		2,851
*	Fid China Region	Mutual Fund		8,834
*	Fid Contrafund	Mutual Fund		52,869
*	Fid Diversifd Intl	Mutual Fund		4,806
*	Fid Emerging Asia	Mutual Fund		3,181
*	Fid Emerging Mkts	Mutual Fund		6,002
*	Fid Emrg Mkts Idx	Mutual Fund		6,167
*	Fid Equity Inc	Mutual Fund		14,803
*	Fid Europe	Mutual Fund		2,906
*	Fid Fidelity Fund	Mutual Fund		6,735
*	Fid Focused Stock	Mutual Fund		11,371
*	Fid Freedom 2015 K	Mutual Fund		78,788
*	Fid Freedom 2025 K	Mutual Fund		494,982
	Total-Carried Forward			$ 4,751,289

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EIN #58-0566167
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FORM 5500, SCHEDULE H, LINE 4i
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DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Fidelity (Continued)			
	Total Brought Forward			$ 4,751,289
*	Fid Freedom 2030 K	Mutual Fund		47,965
*	Fid Freedom 2045 K	Mutual Fund		280,680
*	Fid Freedom Retire K	Mutual Fund		49,845
*	Fid Global Eq Income	Mutual Fund		2,945
*	Fid Gov Cash Reserve	Money Market Fund		115
*	Fid Govt Mmrk Prm	Money Market Fund		8,781
*	Fid Growth & Inc	Mutual Fund		53,790
*	Fid Growth Company	Mutual Fund		6,976
*	Fid Intl Cap Appr	Mutual Fund		10,364
*	Fid Intl Discovery	Mutual Fund		2,317
*	Fid Intl Growth	Mutual Fund		2,817
*	Fid Intl Real Estate	Mutual Fund		2,808
*	Fid Intl Sustn Idx	Mutual Fund		5,944
*	Fid Intl Value	Mutual Fund		12,084
*	Fid Intm Govt Income	Mutual Fund		13,382
*	Fid Japan	Mutual Fund		3,044
*	Fid Japan Small Co	Mutual Fund		2,907
*	Fid Large Cap Stock	Mutual Fund		151,317
*	Fid Magellan	Mutual Fund		183,232
*	Fid Mid Cap Stock	Mutual Fund		65,919
*	Fid Multi Asset Idx	Mutual Fund		10,746
*	Fid Natural Res	Mutual Fund		108
*	Fid Nordic	Mutual Fund		5,487
*	Fid Overseas	Mutual Fund		2,719
*	Fid Pacific Basin	Mutual Fund		6,278
*	Fid Real Estate Inc	Mutual Fund		6,304
*	Fid Sel Biotech	Mutual Fund		4,940
*	Fid Sel Brokerage	Mutual Fund		23,242
*	Fid Sel Cons Discr	Mutual Fund		12,329
*	Fid Sel Constr/House	Mutual Fund		16,139
*	Fid Sel Energy	Mutual Fund		14,479
*	Fid Sel Healthcare	Mutual Fund		5,136
*	Fid Sel Insurance	Mutual Fund		8,853
*	Fid Sel Med Tech&Dv	Mutual Fund		2,475
*	Fid Sel Software	Mutual Fund		5,162
*	Fid Sel Technology	Mutual Fund		41,413
*	Fid Sel Utilities	Mutual Fund		13,588
*	Fid Small Cap Growth	Mutual Fund		11,025
*	Fid Small Cap Stock	Mutual Fund		5,122
*	Fid Small Cap Value	Mutual Fund		20,645
*	Fid Stk Sel Sm Cap	Mutual Fund		14,299
*	Fid Total Intl Eq	Mutual Fund		2,992
*	Fid Total Mkt Idx	Mutual Fund		45,510
*	Fidelity Govt Income	Mutual Fund		44
	Total-Carried Forward			$ 5,937,556

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FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(A) *	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment	(D) ** Cost	(E) Current Value
	Lincoln			
	Total Brought Forward			$ 5,937,556
*	Fixed Account	Variable Annuity		130,023
*	LVIP Blended Lrg Cap Growth Mngd Voltlty	Mutual Fund		3,771
*	LVIP Dimensional US Core Equity 1	Mutual Fund		514,482
	TIAA			
*	TIAA Traditional Benefit Responsive	Fixed Annuity		12,067,329
*	TIAA Traditional Benefit Responsive 2	Fixed Annuity		41,298,885
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity		71,395,442
*	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity		15,720,262
*	TIAA Traditional Benefit Responsive (Plan Loan Defaulted Collateral)	Fixed Annuity		74,819
*	TIAA Real Estate	Pooled Separate		15,733,091
*	CREF Core Bond	Variable Annuity		8,329,184
*	CREF Equity Index	Variable Annuity		15,450,023
*	CREF Global Equities	Variable Annuity		26,782,838
*	CREF Growth	Variable Annuity		41,101,432
*	CREF Inflation-Linked Bond	Variable Annuity		7,295,008
*	CREF Money Market	Variable Annuity		4,385,505
*	CREF Social Choice	Variable Annuity		15,397,572
*	CREF Stock	Variable Annuity		83,177,817
	JPMorgan Emerging Mrkts Eq	Mutual Fund		2,742,307
	JPMorgan International Eqty	Mutual Fund		7,632,705
	MFS Mid Cap Growth Fund	Mutual Fund		1,545,938
	PGIM Total Return Bond	Mutual Fund		2,602,861
*	TIAA-CREF Money Market-Inst	Mutual Fund		2,475,946
*	Vanguard Equity Income Adm	Mutual Fund		11,280,291
*	Vanguard Extended Mkt Idx Adm	Mutual Fund		30,384,054
*	Vanguard Inst Idx Inst	Mutual Fund		70,286,228
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