

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SMITH COLLEGE</u> <u>GARRISON HALL</u> <u>42 WEST STREET</u> <u>NORTHAMPTON, MA 01063</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1926</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-1843040</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>413-585-2275</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>611000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1926</u>		2b Employer Identification Number (EIN) <u>04-1843040</u>		2c Plan Sponsor's telephone number <u>413-585-2275</u>		2d Business code (see instructions) <u>611000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>07/01/1926</u>											
2b Employer Identification Number (EIN) <u>04-1843040</u>											
2c Plan Sponsor's telephone number <u>413-585-2275</u>											
2d Business code (see instructions) <u>611000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	JILLIAN MCGRATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor SMITH COLLEGE GARRISON HALL 42 WEST STREET NORTHAMPTON, MA 01063		3b Administrator's EIN 04-1843040 3c Administrator's telephone number 413-585-2275
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 3344
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 1445 6a(2) 1646 6b 0 6c 1944 6d 3590 6e 0 6f 3590 6g 3163 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2F 2G b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040	

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.
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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	104647	1523	01/01/2021	12/31/2021

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

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(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	83313818
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	147118090

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	85537163
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	3003642	
(4) Transferred from separate account.....	7c(4)	7652743	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	10656385
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d Total of balance and additions (add lines 7b and 7c(6))	7d	96193548
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6035180	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	6628109	
(4) Other (specify below)	7e(4)	216441	

▶ PLAN TO PLAN TRANSFER

(5) Total deductions	7e(5)	12879730
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	83313818
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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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040	

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.
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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	104648	573	01/01/2021	12/31/2021

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

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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	

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	21419920
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	37929015

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	21878799
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c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	665364	
	(4) Transferred from separate account.....	7c(4)	1568723	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	2234087
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	24112886
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1777233	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	915733	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	2692966
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	21419920
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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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040	

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.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT AND ANNUITY 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
71-0294708	86509	666352	2053	01/01/2021	12/31/2021

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 1992	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARY ELLEN F GORDON
67 STANLEY DRIVE
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1992			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

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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	

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	16455078
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	240253354

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 ▶ **UNALLOCATED ANNUITY ACCOUNT**

b	Balance at the end of the previous year	7b	16473139
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c	Additions: (1) Contributions deposited during the year	7c(1)	592274	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	435174	
	(4) Transferred from separate account.....	7c(4)	291302	
	(5) Other (specify below)	7c(5)	9896	

▶ **PLAN TO PLAN TRANSFER**

(6) Total additions	7c(6)	1328646
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	17801785
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1295998	
	(2) Administration charge made by carrier.....	7e(2)	50192	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	517	

▶ **FORFEITURES**

(5) Total deductions	7e(5)	1346707
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	16455078
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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)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA-CREF
13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVST INSTITUTIONAL OPP CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA LIFE INSURANCE AND ANNUITY CO
71-0294708

(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

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)

MARY ELLEN GORDON

15-5522038

(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?
55 56	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	27170	Yes ☐ No ☒

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

FIDELITY INVST INSTITUTIONAL OPP CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	1108	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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)

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

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	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
FIDELITY INVST INSTITUTIONAL OPP CO	60	0
(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.	
BNY MELLON INVEST SERV (US) INC. 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	.40% BPS PAX SUSTN ALLOC INV	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARY ELLEN GORDON	55 56	27170
(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.	
VOYA FINANCIAL PARTNERS 06-1375177	OTHER COMMISSIONS NON MONETARY 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SMITH COLLEGE</u>	D Employer Identification Number (EIN) <u>04-1843040</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2456982</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6738482</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAP SEPARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY CO</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>240253354</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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**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**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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040	

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

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)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	814082	892109
(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)	444367	395602
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8319988	9195464
(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)	447342122	495312534
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	123889101	121188816
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	580809660	626984525

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	580809660	626984525
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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)	9334619	
(B) Participants	2a(1)(B)	7341853	
(C) Others (including rollovers).....	2a(1)(C)	2975307	
(2) Noncash contributions.....	2a(2)		19651779
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	110	
(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)	19439	
(F) Other	2b(1)(F)	3939809	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3959358
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		16420568
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	16420568	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16420568
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(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)		1425190
(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)		49508699
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		90965594
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	41058250	
(2) To insurance carriers for the provision of benefits.....	2e(2)	3388429	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		44446679
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	344050	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		344050
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		44790729
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		46174865
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MP P.C.**

(2) EIN: **04-3191789**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SMITH COLLEGE	D Employer Identification Number (EIN) 04-1843040

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203 04-6568107		
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
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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
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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.
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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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**SMITH COLLEGE
DEFINED CONTRIBUTION
RETIREMENT PLAN**

FINANCIAL STATEMENTS

for the years ended December 31, 2021 and 2020

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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FINANCIAL STATEMENTS:

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Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020	5
Notes to Financial Statements	6

SUPPLEMENTAL SCHEDULE:

Schedule of Assets (Held at End of Year) as of December 31, 2021	17
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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are omitted because of the absence of conditions under which the schedules are required.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Smith College
Defined Contribution Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of Smith College 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, have elected to have the audit 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 audit 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the financial statements of the Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

Prior to January 1, 2009, records were maintained at a contract, not a plan, level; therefore, management has not maintained, and TIAA did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

Other Matter – 2021 Supplemental Schedule Required by ERISA

The supplemental schedules of Schedule H, line 4i-Schedule of Assets (Held At End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Other Matter – Report on the 2020 Financial Statements

We were engaged to audit the financial statements of Smith College Defined Contribution Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the 2020 financial statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by TIAA and CREF, insurance carriers, collectively known as "TIAA", Fidelity management Trust Company ("Fidelity") and VOYA Institutional Trust Company ("VOYA"), the custodians of the Plan, except for comparing such information with the related information included in the 2020 financial statements.

Because of the inadequacies in the Plan's prior years' records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity was stated as of December 31, 2009, or the propriety of the distributions to participants who terminated during the years then ended.

Our audit report dated October 12, 2021, indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 Financial Statements.

MP
P.C.

Springfield, Massachusetts
October 14, 2022

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value.....	\$ 589,902,147	\$ 543,203,075
Investments at contract value.....	<u>36,686,776</u>	<u>37,162,218</u>
	626,588,923	580,365,293
Receivables:		
Notes receivable from participants.....	<u>416,093</u>	<u>466,767</u>
Total receivables.....	<u>416,093</u>	<u>466,767</u>
Total assets.....	<u>627,005,016</u>	<u>580,832,060</u>
Net assets available for benefits.....	<u><u>\$ 627,005,016</u></u>	<u><u>\$ 580,832,060</u></u>

See accompanying notes to the financial statements

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income:		
Interest.....	\$ 3,939,919	\$ 4,442,527
Dividends.....	16,420,568	10,481,960
Net appreciation in the fair value of investments.....	50,933,889	56,702,718
	<u>71,294,376</u>	<u>71,627,205</u>
Interest income on notes receivable from participants.....	<u>19,439</u>	<u>20,230</u>
Contributions:		
Employer.....	9,334,619	9,121,062
Participants.....	7,341,853	7,121,944
Rollovers.....	2,958,052	716,039
	<u>19,634,524</u>	<u>16,959,045</u>
Total net additions.....	<u>90,948,339</u>	<u>88,606,480</u>
DEDUCTIONS		
Benefits paid to participants	41,060,159	31,501,054
Purchase of annuity contracts.....	3,388,429	2,455,992
Total benefits paid.....	44,448,588	33,957,046
Administration expenses.....	344,050	320,465
Total deductions.....	<u>44,792,638</u>	<u>34,277,511</u>
Net increase.....	46,155,701	54,328,969
Transfers out, net.....	17,255	(66,836)
Net assets available for benefits, beginning of year.....	<u>580,832,060</u>	<u>526,569,927</u>
Net assets available for benefits, end of year.....	<u>\$ 627,005,016</u>	<u>\$ 580,832,060</u>

See accompanying notes to the financial statements.

SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. *Description of the Plan*

The following description of the Smith College Defined Contribution Retirement Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. In the event that there is a conflict between information provided in this document and the benefit plan documents, the terms of the Plan document will prevail.

General Information

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Smith College (the "College") established the Plan to provide employees with a systematic means of saving and investing for the future. All permissible employees of the College, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. Employees of the College who have completed one year of service, as defined, and reached the age of twenty-six, are eligible to receive employer contribution. The Board of Trustees is responsible for oversight of the Plan. The Retirement Plan Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Trustees.

Plan Contributions

Participants may elect to make pretax and Roth contributions through payroll deduction, up to the maximum amount allowed by law, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. For eligible employees, the College will contribute 9% of compensation, plus 4.3% of compensation that exceeds the Plan's integration level. The integration level for 2021 was \$66,810 (2020 - \$65,914). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts

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

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a commercially reasonable rate. Principal and interest are paid ratably through payroll deductions or by such other method as may be required under the applicable annuity contract or custodial account.

Vesting

Participants are always 100% vested in their account under the Plan.

Payment of Benefits

Upon retirement, disability or death, a participant or beneficiary may receive the entire amount credited to the participant's account in either a lump sum or other form permitted by the Plan at the participant's election. Upon termination, other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participants' account in a lump sum. There are also provisions for early retirement and hardship benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Investment Valuation and Income Recognition

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Benefit Payments

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the College. Expenses that are paid by the College are excluded from these financial statements. Fees related to the administration of the Plan are included in administrative expenses. Investments related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2022, the date the financial statements were available to be issued.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

3. Information Certified by Insurance Companies

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF (collectively known as “TIAA”), insurance carrier of the Plan, VOYA Institution Trust Company (“VOYA”), and Fidelity Management Trust Company, the custodians of the Plan.

The Plan’s independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

4. Excluded Contracts and Accounts

The Plan’s financial statements do not present information regarding certain investments in annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. The Plan administrator has elected to exclude those contracts and accounts and the related activity from the Plan’s financial statements for purposes of the annual reporting requirements of the Employee Retirement Income Security Act of 1974 (ERISA) in accordance with the transition relief provided by Department of Labor Field Assistance Bulletin 2009-02, Annual Reporting Requirements for 403(b) Plans. Presentation of this information is required by accounting principles generally accepted in the United States of America. The effects of this departure from generally accepted accounting principles on these financial statements are not reasonably determinable.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 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.

There have been no changes in the methodologies used at December 31, 2021 or 2020. The following are descriptions of the valuation methodologies used for assets measured at fair value:

Guaranteed investment contract: Invested in fixed annuity contracts and are valued at fair value by TIAA by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 6).

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Fair Value Measurements, Continued

Pooled separate account (PSA): Invested in real estate and real estate-related investments and are valued from the market value of the underlying real estate holding or other real estate instruments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. These securities held are priced using net asset value ("NAV") of units as determined by TIAA. Unit values are calculated daily. NAV is published on the open market, however are not publicly traded. NAV is a readily determinable fair value and is the basis for current transactions.

Self-directed accounts: Valued at the daily closing value reported in the active market in which the underlying individual securities are traded.

Registered investment companies: Invested primarily in mutual funds, including money market funds, and variable annuity contracts. Variable annuity contracts are invested principally in equity securities, fixed-income instruments and short-term investments.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual 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. Money market funds are valued at amortized cost.

Variable annuity contracts: Valued at NAV of shares, which are valued by the insurance company at accumulation unit value based on the underlying investments held by the Plan at year-end. NAV is published on the open market, however are not publicly traded. NAV is a readily determinable fair value and is the basis for current transactions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>12/31/2021</u>
Guaranteed investment contract			\$ 84,502,040	\$ 84,502,040
Pooled separate accounts		\$ 9,195,464		9,195,464
Self-directed brokerage account	\$74,601			74,601
Registered investment companies				
Mutual funds	320,278,401			320,278,401
Variable annuity contracts		175,851,641		175,851,641
Investments at fair value	<u>\$ 320,353,002</u>	<u>\$ 185,047,105</u>	<u>\$ 84,502,040</u>	<u>\$ 589,902,147</u>

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Fair Value Measurements, Continued

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>12/31/2020</u>
Guaranteed investment contract			\$ 86,726,883	\$ 86,726,883
Pooled separate accounts		\$ 8,319,988		8,319,988
Self-directed brokerage account	\$58,278			58,278
Registered investment companies				
Mutual funds	282,348,479			282,348,479
Variable annuity contracts		165,749,447		165,749,447
Investments at fair value	<u>\$ 282,406,757</u>	<u>\$ 174,069,435</u>	<u>\$ 86,726,883</u>	<u>\$ 543,203,075</u>

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
	Guaranteed Investment Contract	Guaranteed Investment Contract
Purchases	\$8,123,827	\$8,908,227
Issuances	(12,951,384)	(12,825,242)

There were no transfers in and/or out of level 1, 2 or 3 for investments measured at fair value on a recurring basis for years ended December 31, 2021 and 2020.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2021 and 2020, and the significant unobservable inputs and the ranges of values for those inputs.

Guaranteed Investment Contract

Fair Value <u>2021</u>	Fair Value <u>2020</u>	Valuation <u>Technique</u>	Significant Unobservable <u>Inputs</u>	<u>Range</u>
\$ 84,502,040	\$ 86,726,883	Discounted cash flow	Risk-adjusted discount rate applied	RA(*) - 3.00% - 3.80% GRA(**) - 3.00% - 3.80%

(*) Retirement Annuity Contract

(**) Group Retirement Annuity Contract

6. Guaranteed Investment Contract

The Plan has guaranteed investment contracts with TIAA and VOYA. The contributions are maintained in general accounts, the TIAA Traditional Annuity and VOYA Fixed Plus Account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Any additional interest is not guaranteed. The TIAA Traditional Annuity and VOYA Fixed Plus Account do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

A portion of the TIAA Traditional Annuity contract is considered non benefit-responsive. These contracts are included in the financial statements at fair value. These contracts are subject to a 10-year withdrawal period.

The VOYA contract and the other portion of the TIAA contract is considered fully benefit-responsive. For contracts that are considered fully benefit-responsive, contract value is the relevant measurement attribute for the statement of net assets available for benefits. Contract value, as reported to the Plan by the custodians, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Guaranteed Investment Contract, Continued

The RA contract does not allow lump-sum cash withdrawals and transfers must be spread over ten annual installments. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire account purchases an annuity contract and is recorded as a deduction in the statement of changes in net assets available for benefits.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or 5) 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 1) an uncured violation of the Plan's investment guidelines, 2) a breach of material obligation under the contract, 3) a material misrepresentation, or 4) a material amendment to the agreement without the consent of the issuer.

7. Related Party/Party-in-Interest Transactions

The Plan invests in unallocated insurance contracts, annuities, and mutual funds managed by the Plan's custodians. TIAA, Fidelity, and VOYA are the custodians and American Century is a recordkeeper as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain employees and officers of the College, most of whom are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

Global Retirement Partners, LLC dba Baystate Fiduciary Advisors, Inc., a financial advisor, provides investment management and consultation services to the Plan and its participants. As a provider of services to the Plan, these transactions qualify as party-in-interest transactions.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Related Party/Party-in-Interest Transactions, Continued

The Plan has a Reimbursement Expense Account (REA) between the College and VOYA. The revenue earned on this account is used to pay Plan expenses. If the revenue exceeds Plan expenses, such amounts will be allocated to the accounts of the participants. At December 31, 2021, revenue sharing credits totaled \$72,000.

All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

8. Revenue Sharing

At December 31, 2021 and 2020, revenue sharing credit account balances totaled \$34,027 and \$33,464, respectively. During 2021, net revenues amounted to \$72,371, which included \$371 of earnings and \$42,719 and \$29,089 was used to pay Plan administrative expenses and allocated to Plan participants, respectively.

9. Plan Termination

Although it has not expressed any intent to do so, the College has the right under the Plan to amend, modify, or terminate the Plan subject to the provisions of ERISA.

10. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. 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 applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain position that may not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expect to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however there are currently no audits for any tax periods in progress.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

11. Risks and Uncertainties

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

12. Reconciliation of Financial Statements to Form 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 627,005,016	\$ 580,832,060
Less: deemed loans	<u>(20,491)</u>	<u>(22,400)</u>
Net assets available for benefits per the Form 5500	<u>\$ 626,984,525</u>	<u>\$ 580,809,660</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	<u>2021</u>	<u>2020</u>
Benefits paid to participants per the financial statements	\$ 44,448,588	\$ 33,957,046
Net (offset)/deemed loans	<u>(1,909)</u>	<u>1,909</u>
Benefits paid to participants per the Form 5500	<u>\$ 44,446,679</u>	<u>\$ 33,958,955</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 07/01/1926
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) Smith College Garrison Hall 42 West Street Northampton MA 01063	2b Employer Identification Number (EIN) 04-1843040 2c Plan Sponsor's telephone number 413-585-2275 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		<u>10/13/22</u>	JILLIAN MCGRATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/13/22</u>	JILLIAN MCGRATH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor SMITH COLLEGE GARRISON HALL 42 WEST STREET NORTHAMPTON MA 01063	3b Administrator's EIN 04-1843040 3c Administrator's telephone number 413-585-2275
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3,344
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) 1,445
a(2) Total number of active participants at the end of the plan year	6a(2) 1,646
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 1,944
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 3,590
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 3,590
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3,163
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2F 2G	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information -- Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

as of December 31, 2021

EIN: 04-1843040

PN: 002

		(c) <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>		(d) <i>Cost</i>	(e) <i>Current Value</i>
(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>				
		Guaranteed Investment Contract			
*	TIAA	Traditional Non Benefit Responsive		**	\$ 84,502,040
*	TIAA	Traditional Benefit Responsive			20,231,698
*	VOYA	Fixed Plus Account III		**	16,455,078
					<u>121,188,816</u>
		Pooled Separate Account			
*	TIAA	Real Estate		**	9,195,464
					<u>9,195,464</u>
		Registered Investment Companies			
		Variable Annuity Contracts			
*	CREF	Social Choice R2		**	14,772,510
*	CREF	Stock R2		**	99,724,816
*	CREF	Global Equities R2		**	16,733,204
*	CREF	Growth R2		**	17,428,272
*	CREF	Bond Market R2		**	8,322,682
*	CREF	Inflation-Linked Bond R2		**	5,789,846
*	CREF	Equity Index R2		**	10,715,292
*	CREF	Money Market R2		**	2,365,019
		Mutual Funds			
*	American Century	Balanced		**	9,629
*	American Century	Emerging Markets		**	6,487
*	American Century	Equity Income		**	942,137
*	American Century	Growth		**	549,131
*	American Century	Heritage		**	422,541
*	American Century	Disciplined Core Value		**	189,613
*	American Century	International Growth		**	48,876
*	American Century	Inflation Adjusted Bond		**	38,955
*	American Century	International Bond		**	20,672
*	American Century	International Opportunity		**	38,711
*	American Century	Mid Cap Value Fund		**	17,890
*	American Century	Disciplined Growth		**	7,914
*	American Century	OCP 2025		**	330,358
*	American Century	OCP 2035		**	14,189
*	American Century	OCP 2045		**	16,208
*	American Century	One Choice Portfolio - Aggressive		**	101,785
*	American Century	One Choice Portfolio - Conservative		**	178,113
*	American Century	One Choice Portfolio - Moderate		**	341,646
*	American Century	One Choice Portfolio - Very Aggressive		**	50,256
*	American Century	One Choice Portfolio - Very Conservative		**	66,265
*	American Century	Strategy Allocation - Aggressive		**	4,177
*	American Century	Sustainable Equity		**	8,393

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
as of December 31, 2021
EIN: 04-1843040
PN: 002**

		<i>(c)</i> <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>			
<i>(a)</i>	<i>(b)</i> <i>Identity of Issue, Borrower, Lessor or Similar Party</i>			<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Value</i>
*	American Century	Diversified Bond	**	\$	104,240
*	American Century	Government Bond	**		159,149
*	American Century	Prime Money Market	**		38,974
*	American Century	Real Estate	**		30,703
*	American Century	Select	**		867,717
*	American Century	Short Term Government	**		1,251
*	American Century	Small Cap Growth	**		123,475
*	American Century	Small Cap Value	**		38,880
*	American Century	Short Duration Inflation Protection Bond Fund	**		23,252
*	American Century	Ultra	**		2,267,794
*	American Century	US Gov Mkt	**		17,696
*	American Century	Value	**		104,977
*	Fidelity	Asset Manager 20%	**		523,160
*	Fidelity	Asset Manager 50%	**		609,276
*	Fidelity	Asset Manager 70%	**		794,323
*	Fidelity	Asset Manager 85%	**		497,920
*	Fidelity	Balanced	**		1,307,257
*	Fidelity	Convertible Securities	**		156,283
*	Fidelity	Dividend Growth	**		734,208
*	Fidelity	Equity Income	**		633,822
*	Fidelity	Freedom 2005	**		21,149
*	Fidelity	Freedom 2010	**		721,881
*	Fidelity	Freedom 2015	**		552,149
*	Fidelity	Freedom 2020	**		1,958,848
*	Fidelity	Freedom 2025	**		2,198,430
*	Fidelity	Freedom 2035	**		1,424,983
*	Fidelity	Freedom 2040	**		801,662
*	Fidelity	Freedom 2045	**		184,121
*	Fidelity	Freedom 2050	**		170,842
*	Fidelity	Freedom Income	**		11,901
*	Fidelity	Growth & Inc	**		1,181,955
*	Fidelity	Mega Cap Stock	**		43,909
*	Fidelity	Puritan	**		888,318
*	Fidelity	Select Retailing	**		9,321
*	Fidelity	Select Semiconduct	**		4,634
*	Fidelity	Strategic Dividend and Income	**		151,370
*	Fidelity	Value	**		655,627

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
as of December 31, 2021**

EIN: 04-1843040

PN: 002

		(c) <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>			
(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>		(d) <i>Cost</i>	(e) <i>Current Value</i>	
*	Fidelity	Blue Chip Growth	**	\$	3,292,354
*	Fidelity	Canada	**		2,890
*	Fidelity	Capital Appreciation	**		152,746
*	Fidelity	China Region	**		35,056
*	Fidelity	Contrafund	**		5,452,103
*	Fidelity	Disciplined Equity	**		241,045
*	Fidelity	Diversified International	**		412,093
*	Fidelity	Emerging Asia	**		16,540
*	Fidelity	Emerging Markets	**		434,272
*	Fidelity	Europe	**		366,715
*	Fidelity	Fidelity Fund	**		563,010
*	Fidelity	Growth Company	**		5,978,680
*	Fidelity	Growth Discovery	**		167,455
*	Fidelity	Growth Strategies	**		274,378
*	Fidelity	International Capital Appreciation	**		70,027
*	Fidelity	International Discovery	**		461,203
*	Fidelity	Japan	**		29,178
*	Fidelity	Japan Smaller Company	**		41,346
*	Fidelity	Large Cap Stock	**		9,012
*	Fidelity	Latin America	**		16,728
*	Fidelity	Leveraged Company Stock	**		141,333
*	Fidelity	Low Priced Stock	**		2,444,213
*	Fidelity	Magellan	**		3,368,296
*	Fidelity	Mid Cap Stock	**		286,810
*	Fidelity	New Millenium	**		871,255
*	Fidelity	Nordic	**		4,283
*	Fidelity	OTC Portfolio	**		94,361
*	Fidelity	Overseas	**		424,972
*	Fidelity	Pacific Basin	**		151,967
*	Fidelity	Small Cap Discovery	**		196,888
*	Fidelity	Small Cap Stock	**		109,266
*	Fidelity	Stock Select Small Cap	**		69,321
*	Fidelity	Treasury Only Moneymarket	**		261,322
*	Fidelity	Worldwide	**		20,263
*	Fidelity	500 Index	**		6,265,422
*	Fidelity	Capital & Income	**		392,453

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
as of December 31, 2021
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PN: 002**

(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	(c) <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Fidelity	Extd Mkt Idx	**	\$ 255,090
*	Fidelity	Floating Rate High Income	**	38,038
*	Fidelity	Focused Stock	**	4,787
*	Fidelity	Global Commodity Stock	**	12,980
*	Fidelity	GNMA	**	671,761
*	Fidelity	Government Income	**	26,079
*	Fidelity	Government Money Market Prm	**	234,818
*	Fidelity	High Income	**	33,872
*	Fidelity	Intermediate Bond	**	121,255
*	Fidelity	Intermediate Government Income	**	5,453
*	Fidelity	International Real Estate	**	14,523
*	Fidelity	International Small Cap	**	178,196
*	Fidelity	Intl Index	**	204,943
*	Fidelity	Investment Grade Bond	**	199,988
*	Fidelity	LTD Term Govt	**	160,197
*	Fidelity	Mid Cap Value	**	21,937
*	Fidelity	New Markets Income	**	164,238
*	Fidelity	Real Estate Income	**	36,876
*	Fidelity	Real Estate Investment	**	233,319
*	Fidelity	Select Consumer Staples	**	5,258
*	Fidelity	Select Gold	**	164,525
*	Fidelity	Select Medical Tech & DV	**	182,404
*	Fidelity	Select Software	**	51,608
*	Fidelity	Short Term Bond	**	204,893
*	Fidelity	Small Cap Growth	**	91,319
*	Fidelity	Small Cap Value	**	27,545
*	Fidelity	ST TR Bd Idx	**	49,964
*	Fidelity	Stock Select Large Cap Value	**	7,315
*	Fidelity	Strategic Income	**	405,240
*	Fidelity	Total Bond	**	535,434
*	Fidelity	Total International Equity	**	5,462
*	Fidelity	Total Mkt Idx	**	420,165
*	Fidelity	US Bond Idx	**	613,123
*	Fidelity	Value Discovery	**	7,501
*	Fidelity	Corporate Bond	**	342,825
*	Fidelity	Emrg Mkts Idx	**	19,774

**SMITH COLLEGE DEFINED CONTRIBUTION
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**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
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EIN: 04-1843040

PN: 002

		(c) <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>		(e) <i>Current Value</i>	
(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>		(d) <i>Cost</i>		
*	Fidelity	Equity Dividend Income	**	\$	364,561
*	Fidelity	Freedom 2030	**		2,367,275
*	Fidelity	Glb Ex US Idx	**		224,767
*	Fidelity	Government Cash Reserve	**		194,214
*	Fidelity	Government Money Market	**		201,755
*	Fidelity	Infl Pr Bd Idx	**		240,139
*	Fidelity	INTM TR Bd Idx	**		268,073
*	Fidelity	LT TR Bd Idx	**		21,725
*	Fidelity	Mid Cap Idx	**		501,321
*	Fidelity	Nasdaq Comp Idx	**		576,839
*	Fidelity	Real Estate Idx	**		25,223
*	Fidelity	Select Biotechnology	**		522,983
*	Fidelity	Select Communication Services	**		92,155
*	Fidelity	Select Energy	**		34,671
*	Fidelity	Select Environment Alt Energy	**		8,126
*	Fidelity	Select Financial	**		7,400
*	Fidelity	Select Healthcare	**		127,844
*	Fidelity	Select Healthcare Services	**		8,430
*	Fidelity	Select IT Services	**		37,266
*	Fidelity	Select Materials	**		2,232
*	Fidelity	Select Pharmaceutical	**		5,333
*	Fidelity	Select Technology	**		310,454
*	Fidelity	Select Utilities	**		28,834
*	Fidelity	Sm Cap Idx	**		209,013
*	Fidelity	Stk Sel Mid Cap	**		62,876
*	Fidelity	Telecom & Util	**		1,555
*	Fidelity	Pax Sustn Alloc Inv	**		63,452
*	TIAA CREF	Bond Index Retirement	**		274,926
*	TIAA CREF	Bond Plus Retirement	**		6,941
*	TIAA CREF	Bond Retirement	**		20,916
*	TIAA CREF	Emerging Market Equity Index Retirement	**		324,373
*	TIAA CREF	Emerging Market Equity Retirement	**		129,178
*	TIAA CREF	Equity Index Retirement	**		281,226
*	TIAA CREF	Growth & Income Retirement	**		290,377

**SMITH COLLEGE DEFINED CONTRIBUTION
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**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
as of December 31, 2021**

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(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>		(d) <i>Cost</i>		
*	TIAA CREF	High Yield Retirement	**	\$	423,019
*	TIAA CREF	Inflation Linked Bond Retirement	**		28,981
*	TIAA CREF	International Equity Index Retirement	**		732,677
*	TIAA CREF	International Equity Retirement	**		370,792
*	TIAA CREF	International Opps Retirement	**		240,598
*	TIAA CREF	Large Cap Growth Index Retirement	**		238,943
*	TIAA CREF	Large Cap Growth Retirement	**		156,885
*	TIAA CREF	Large Cap Value Index Retirement	**		728,011
*	TIAA CREF	Large Capitalization Value Rtmnt	**		677,245
*	TIAA CREF	Lifecycle 2010-Retirement	**		3,768
*	TIAA CREF	Lifecycle 2015-Retirement	**		80,120
*	TIAA CREF	Lifecycle 2020-Retirement	**		297,475
*	TIAA CREF	Lifecycle 2025-Retirement	**		184,857
*	TIAA CREF	Lifecycle 2030-Retirement	**		497,007
*	TIAA CREF	Lifecycle 2035-Retirement	**		398,030
*	TIAA CREF	Lifecycle 2040-Retirement	**		572,860
*	TIAA CREF	Lifecycle 2045-Retirement	**		62,689
*	TIAA CREF	Lifecycle 2050-Retirement	**		6,493
*	TIAA CREF	Managed Allocation Retirement	**		146,478
*	TIAA CREF	Mid Cap Growth Retirement	**		216,127
*	TIAA CREF	Mid Cap Value Retirement	**		196,086
*	TIAA CREF	Money Market Retirement	**		94,972
*	TIAA CREF	Real Estate Securities Retirement	**		546,998
*	TIAA CREF	S&P 500 Index Retirement	**		684,129
*	TIAA CREF	Short Term Bond Retirement	**		10,460
*	TIAA CREF	Small Cap Balanced Index Retirement	**		622,739
*	TIAA CREF	Small Cap Equity Retirement	**		195,416
*	TIAA CREF	Core Impact Bond Retirement	**		271,058
*	TIAA CREF	Social Choice Equity Retirement	**		799,287
	Schwab	Small Cap Index	**		4,259,607
	Black Rock	Inflation Protected Bond Fund	**		1,064,858
	MSIF	Growth Portfolio Is	**		5,659,176
*	Fidelity	Extended Market Index Fund	**		2,390,879
*	Fidelity	Government Money Market Fund	**		2,161,655
	iShares	MSCI EAFE Index Fund K	**		2,337,360
	John Hancock	Bond Fund R6	**		1,173,754
	MFS	International Diversification Fund R	**		1,684,264
	MFS	Mid Cap Growth Fund R6	**		2,240,807

**SMITH COLLEGE DEFINED CONTRIBUTION
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PN: 002**

(a) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	(c) <i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
Neuberger Berman	Sustainable Equity Fund Class R6	**	\$ 2,795,755
Putnam	Large Cap Value Fund C1R6	**	1,846,321
Oppenheimer	Developing Markets Fund R6	**	1,179,089
PGIM	Global Real FD R6	**	940,188
PGIM	High Yield Fund R6	**	977,943
JPMorgan	Unconstrained Debt Fund R6	**	449,369
Schwab	Total Stock Market Index Fund	**	13,955,872
Trowe Price	Retirement I 2005 - I Class	**	4,581,980
Trowe Price	Retirement I 2015 - I Class	**	13,057,800
Trowe Price	Retirement I 2020 - I Class	**	6,009,920
Trowe Price	Retirement I 2020 - I Class	**	30,715,275
Trowe Price	Retirement I 2025 - I Class	**	33,304,616
Trowe Price	Retirement I 2030 - I Class	**	31,728,825
Trowe Price	Retirement I 2035 - I Class	**	23,234,827
Trowe Price	Retirement I 2040 - I Class	**	19,106,773
Trowe Price	Retirement I 2045 - I Class	**	15,457,967
Trowe Price	Retirement I 2050 - I Class	**	7,321,925
Trowe Price	Retirement I 2055 - I Class	**	2,924,505
Trowe Price	Retirement I 2060 - I Class	**	1,422,824
Vanguard	Total Bond Market Index Fund Adm	**	5,754,615
Virtus	Crdx Mid-Cap Value Equity R6	**	440,004
Fidelity	Sel Tec Hardware	**	19,767
Fidelity	Sel Fintech	**	324
Fidelity	Multi Assets Index	**	284,073
Fidelity	International Enhanced Index	**	65,869
Fidelity	Mid Cap Enhanced Index	**	28,621
Fidelity	Conservative Income Bond	**	82,278
Fidelity	Global Credit	**	6,699
			496,130,042
TD Ameritrade	Self-Directed Brokerage Account		74,601
Participant Loans	Loans (interest ranging from 3.25% to 5.25%)	-0-	395,602
	Total investments		\$ 626,984,525

* - Related party/party in interest

** - All account balances are participant directed, cost not included

-0- - Cost not included