

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan 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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> 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	3245
---	----------	------

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)	1862
a(2) Total number of active participants at the end of the plan year	6a(2)	1903
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	1942
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3845
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	3845
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	3332
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	3358
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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	104647	1326	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	76142929
5	Current value of plan's interest under this contract in separate accounts at year end.....	133718160
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 78192250
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) 3513925
	(4) Transferred from separate account	7c(4) 4638108
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 8152033
d	Total of balance and additions (add lines 7b and 7c(6))	7d 86344283
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 4904111
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 5090038
	(4) Other (specify below)..... ▶ PLAN TO PLAN TRANSFER	7e(4) 207205
(5) Total deductions	7e(5) 10201354	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 76142929

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	104648	488	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	19025370
5	Current value of plan's interest under this contract in separate accounts at year end.....	34447018
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 19784911
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) 750528
	(4) Transferred from separate account	7c(4) 988387
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1738915
d	Total of balance and additions (add lines 7b and 7c(6))	7d 21523826
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1934556
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 559032
	(4) Other (specify below)..... ▶ PLAN TO PLAN TRANSFER	7e(4) 4868
(5) Total deductions	7e(5) 2498456	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 19025370

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	--	---

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

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

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

1 Coverage Information:

(a) Name of insurance carrier
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	2351	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">12000</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
--	---

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

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

MATTHEW O BRIEN
30 BRAINTREE HILL OFFICE PARK
STE 4N
BRAINTREE, MA 02184

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12000			3

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	10722419
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	284460442

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** 12127484

c Additions: (1) Contributions deposited during the year	7c(1)	379227	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	356004	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)..... ▶ LOAN REPAYMENT	7c(5)	6506	

(6) Total additions **7c(6)** 741737

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 12869221

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1555934	
(2) Administration charge made by carrier.....	7e(2)	53147	
(3) Transferred to separate account	7e(3)	511985	
(4) Other (specify below)..... ▶ MISCELLANEOUS	7e(4)	25736	

(5) Total deductions **7e(5)** 2146802

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 10722419

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

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

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)

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

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

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

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

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

(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)

THE ANGELL PENSION GROUP, INC.

04-2530412

(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?
99	SERVICE PROVIDER	11443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MP P.C.

77-7000777

(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?
99	SERVICE PROVIDER	11050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARADISE COPIES LLC

04-3058359

(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?
99	SERVICE PROVIDER	10272	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GLOBAL RETIREMENT PARTNERS, LLC

47-1411118

(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?
99	SERVICE PROVIDER	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL RETIREMENT PARTNERS

99-1240115

(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?
99	SERVICE PROVIDER	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	1053	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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. 500 ROSS STREET PITTSBURGH, PA 53442	.40% BPS IMPAX SUST ALLC INV	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

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

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>4534041</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>1675204</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>284460442</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1314972
(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)	519178
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	6209245
(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)	514718468
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	105890718
(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	582656356	628652581
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	582656356	628652581

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)	11535551	
(B) Participants.....	2a(1)(B)	8605718	
(C) Others (including rollovers).....	2a(1)(C)	3500538	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23641807
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	62784	
(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)	35953	
(F) Other.....	2b(1)(F)	4540705	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4639442
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	14224905	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14224905
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-277647
(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)		53493122
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		95721629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47947173	
(2) To insurance carriers for the provision of benefits	2e(2)	1535809	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49482982
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		58851
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	134673	
(3) Recordkeeping fees	2i(3)	1053	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	47766	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	79	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		183571
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49725404

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		45996225
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

A Name of plan <u>SMITH COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan 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	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
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500419A.

**SMITH COLLEGE
DEFINED CONTRIBUTION
RETIREMENT PLAN**

FINANCIAL STATEMENTS

for the years ended December 31, 2024 and 2023

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

C O N T E N T S

Page

INDEPENDENT AUDITORS' REPORT 1

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023 4

Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2024 and 2023 5

Notes to Financial Statements..... 6

SUPPLEMENTAL SCHEDULE:

Schedule of Assets (Held at End of Year) as of December 31, 2024 17

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

We were engaged to perform audits 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (“financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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 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

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 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of 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 section of our report it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.


Springfield, Massachusetts
September 29, 2025

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value.....	\$ 599,520,688	\$ 551,451,945
Investments at contract value.....	<u>28,612,715</u>	<u>30,738,057</u>
	628,133,403	582,190,002
Receivables:		
Notes receivable from participants.....	<u>634,993</u>	<u>523,318</u>
Total receivables.....	<u>634,993</u>	<u>523,318</u>
Total assets.....	<u>628,768,396</u>	<u>582,713,320</u>
Net assets available for benefits.....	<u><u>\$ 628,768,396</u></u>	<u><u>\$ 582,713,320</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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Interest.....	\$ 4,603,489	\$ 4,922,218
Dividends.....	14,224,905	10,642,195
Net appreciation in the fair value of investments.....	<u>53,215,475</u>	<u>64,728,159</u>
	<u>72,043,869</u>	<u>80,292,572</u>
 Interest income on notes receivable from participants.....	 <u>35,953</u>	 <u>22,236</u>
 Contributions:		
Employer.....	11,535,551	10,791,413
Participants.....	8,605,718	8,339,621
Rollovers.....	<u>3,500,538</u>	<u>1,815,759</u>
	<u>23,641,807</u>	<u>20,946,793</u>
 Total additions.....	 <u>95,721,629</u>	 <u>101,261,601</u>
DEDUCTIONS		
Benefits paid to participants.....	47,947,173	37,484,654
Purchase of annuity contracts.....	<u>1,535,809</u>	<u>998,947</u>
Total benefits paid.....	49,482,982	38,483,601
Administration expenses.....	<u>183,571</u>	<u>182,356</u>
Total deductions.....	<u>49,666,553</u>	<u>38,665,957</u>
 Net increase.....	 46,055,076	 62,595,644
 Net assets available for benefits, beginning of year.....	 <u>582,713,320</u>	 <u>520,117,676</u>
 Net assets available for benefits, end of year.....	 <u>\$ 628,768,396</u>	 <u>\$ 582,713,320</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. Net assets of the Plan are held by TIAA and CREF (collectively known as “TIAA”), insurance carrier of the Plan, VOYA Institution Trust Company (“VOYA”), and Fidelity Management Trust Company (“Fidelity”), qualified institutions.

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-one, 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. 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. 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 2024 was \$78,715 (2023 - \$76,127).

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.

Annual Reporting Requirements

Prior to July 1, 2009, TIAA maintained records at a contract, not plan, level and administratively decided to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As a result, TIAA has been unable to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to July 1, 2009. Therefore, the completeness and accuracy of the annuity and custodial accounts, related investment income, and distributions, if any, could not be determined for periods prior to July 1, 2009.

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.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

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.

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, 2024 and 2023. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

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. Investment related expenses are included in net appreciation of fair value of investments.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Date of Management's Review

The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

3. Certified Information

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, 2024 and 2023, 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, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA, VOYA, and Fidelity.

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.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023:

Guaranteed investment contract: Invested in fixed annuity contracts and are valued at fair value by TIAA and VOYA 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 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, 2024 and 2023:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>12/31/2024</u>
Guaranteed investment contract			\$ 77,278,003	\$ 77,278,003
Pooled separate accounts		\$ 6,209,245		6,209,245
Self-directed brokerage account	\$ 60,998			60,998
Registered investment companies:				
Mutual funds	354,016,510			354,016,510
Variable annuity contracts		161,955,932		161,955,932
Investments at fair value	<u>\$ 354,077,508</u>	<u>\$ 168,165,177</u>	<u>\$ 77,278,003</u>	<u>\$ 599,520,688</u>

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Fair Value Measurements, 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, 2024 and 2023, and the significant unobservable inputs and the ranges of values for those inputs.

Guaranteed Investment Contract

<u>Fair Value</u> <u>2024</u>	<u>Fair Value</u> <u>2023</u>	<u>Valuation</u> <u>Technique</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u>	<u>Range</u>
\$ 77,278,003	\$ 79,366,587	Discounted cash flow	Risk-adjusted discount rate applied	RA(*) - 3.65% - 6.50% GRA(**) - 3.65% - 6.50%

(*) 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, 2024 and 2023, revenue sharing credits totaled \$72,000.

The College is the Plan Sponsor. The Plan Sponsor may pay certain expenses related to the Plan's operations. These transactions qualify as party-in-interest transactions.

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

8. Revenue Sharing

At December 31, 2024 and 2023, revenue sharing credit account balances totaled \$44,724 and \$45,743, respectively. During 2024, net revenues amounted to \$72,655, which included \$655 of earnings, \$47,783 was used to pay Plan administrative expenses, and \$25,891 was allocated to Plan participants.

9. Plan Termination

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

10. Tax Status

The Company has adopted a prototype Plan document and is relying on the prototype sponsor's opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017. The letter states that the prototype and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, 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.

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS, Continued

Tax Status, Continued

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, 2024, 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.

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 for the years ended December 31, 2024 and 2023 to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 628,768,396	\$ 582,713,320
Less: deemed loans	<u>(115,815)</u>	<u>(56,964)</u>
Net assets available for benefits per the Form 5500	<u>\$ 628,652,581</u>	<u>\$ 582,656,356</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 49,482,982	\$ 38,483,601
Deemed loans	<u>58,851</u>	<u> </u>
Benefits paid to participants per the Form 5500	<u>\$ 49,541,833</u>	<u>\$ 38,483,601</u>

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
		Guaranteed Investment Contract		
*	TIAA	Traditional Non Benefit Responsive	**	\$ 77,278,003
*	TIAA	Traditional Benefit Responsive		17,890,295
*	VOYA	Fixed Plus Account III	**	<u>10,722,420</u>
				<u>105,890,718</u>
		Pooled Separate Account		
*	TIAA	Real Estate	**	<u>6,209,245</u>
				<u>6,209,245</u>
		Registered Investment Companies		
		Variable Annuity Contracts		
*	CREF	Social Choice R2	**	12,689,564
*	CREF	Stock R2	**	88,247,685
*	CREF	Global Equities R2	**	15,760,421
*	CREF	Growth R2	**	19,183,875
*	CREF	Core Bond R2	**	6,119,702
*	CREF	Inflation-Linked Bond R2	**	4,673,988
*	CREF	Equity Index R2	**	11,985,057
*	CREF	Money Market R2	**	3,295,640
		Mutual Funds		
*	American Century	Balanced	**	10,350
*	American Century	Emerging Markets	**	5,475
*	American Century	Equity Income	**	442,749
*	American Century	Growth	**	612,735
*	American Century	Heritage	**	281,498
*	American Century	Disciplined Core Value	**	91,659
*	American Century	Inflation Adjusted Bond	**	35,803
*	American Century	Capital Preservation	**	453,071
*	American Century	International Opportunity	**	29,739
*	American Century	Mid Cap Value Fund	**	20,310
*	American Century	Disciplined Growth	**	10,197
*	American Century	OCP 2025	**	216,788
*	American Century	OCP 2035	**	14,687
*	American Century	OCP 2045	**	16,974
*	American Century	One Choice Portfolio - Aggressive	**	108,920
*	American Century	One Choice Portfolio - Moderate	**	3,865
*	American Century	One Choice Portfolio - Very Aggressive	**	54,277
*	American Century	Large Cap Equity	**	10,033

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
*	American Century	Diversified Bond	**	\$ 95,784
*	American Century	Government Bond	**	15,166
*	American Century	Prime Money Market	**	21,778
*	American Century	Real Estate	**	27,615
*	American Century	Select	**	496,382
*	American Century	Short Term Government	**	1,290
*	American Century	Small Cap Growth	**	122,289
*	American Century	Small Cap Value	**	41,260
*	American Century	Short Duration Inflation Protection Bond Fund	**	24,162
*	American Century	Ultra	**	1,644,286
*	American Century	OCP in Retirement	**	107,870
*	American Century	Value	**	124,753
*	Fidelity	Asset Manager 20%	**	279,437
*	Fidelity	Asset Manager 50%	**	463,177
*	Fidelity	Asset Manager 70%	**	710,019
*	Fidelity	Asset Manager 85%	**	353,654
*	Fidelity	Balanced	**	967,932
*	Fidelity	Convertible Securities	**	9,155
*	Fidelity	Dividend Growth	**	911,619
*	Fidelity	Equity Income	**	686,704
*	Fidelity	Focused Stock	**	184,282
*	Fidelity	Freedom 2010	**	36,114
*	Fidelity	Freedom 2015	**	458,330
*	Fidelity	Freedom 2020	**	1,891,309
*	Fidelity	Freedom 2025	**	2,538,519
*	Fidelity	Freedom 2035	**	1,387,794
*	Fidelity	Freedom 2040	**	655,798
*	Fidelity	Freedom 2045	**	109,998
*	Fidelity	Freedom 2050	**	346,605
*	Fidelity	Freedom Income	**	30,552
*	Fidelity	Growth & Inc	**	1,255,644
*	Fidelity	Mega Cap Stock	**	63,680
*	Fidelity	Puritan	**	623,870
*	Fidelity	Select Retailing	**	10,296
*	Fidelity	Select Semiconduct	**	151,015
*	Fidelity	Trend	**	203,411
*	Fidelity	Value	**	377,566
*	Fidelity	Blue Chip Growth	**	3,939,792
*	Fidelity	Capital Appreciation	**	140,107
*	Fidelity	China Region	**	21,612
*	Fidelity	Contrafund	**	4,500,705

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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	Disciplined Equity	**	\$ 290,673
*	Fidelity	Diversified International	**	254,411
*	Fidelity	Emerging Asia	**	15,728
*	Fidelity	Emerging Markets	**	262,569
*	Fidelity	Europe	**	294,637
*	Fidelity	Fidelity Fund	**	694,550
*	Fidelity	Growth Company	**	4,939,062
*	Fidelity	Growth Discovery	**	54,515
*	Fidelity	Growth Strategies	**	308,684
*	Fidelity	International Capital Appreciation	**	219,269
*	Fidelity	International Discovery	**	403,186
*	Fidelity	Japan	**	28,251
*	Fidelity	Japan Smaller Company	**	5,197
*	Fidelity	Large Cap Stock	**	12,938
*	Fidelity	Leveraged Company Stock	**	27,898
*	Fidelity	Low Priced Stock	**	1,593,772
*	Fidelity	Magellan	**	2,811,380
*	Fidelity	Mid Cap Stock	**	147,472
*	Fidelity	New Millenium	**	790,701
*	Fidelity	Nordic	**	3,989
*	Fidelity	OTC Portfolio	**	34,692
*	Fidelity	Overseas	**	333,527
*	Fidelity	Pacific Basin	**	111,151
*	Fidelity	Small Cap Discovery	**	166,637
*	Fidelity	Small Cap Stock	**	19,572
*	Fidelity	Stock Selector Mid Cap	**	71,351
*	Fidelity	Treasury Only Moneymarket	**	277,584
*	Fidelity	Worldwide	**	531
*	Fidelity	500 Index	**	8,068,229
*	Fidelity	Capital & Income	**	411,774
*	Fidelity	Extd Mkt Idx	**	128,691
*	Fidelity	Floating Rate High Income	**	94,982
*	Fidelity	Global Commodity Stock	**	16,202
*	Fidelity	GNMA	**	542,708
*	Fidelity	Government Income	**	23,845
*	Fidelity	Government Money Market Prm	**	458,634
*	Fidelity	High Income	**	33,425
*	Fidelity	Intermediate Bond	**	149,159
*	Fidelity	Strategic Dividend & Income	**	63,519

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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	International Real Estate	**	\$ 10,027
*	Fidelity	International Small Cap	**	76,364
*	Fidelity	International Index	**	172,394
*	Fidelity	Investment Grade Bond	**	271,161
*	Fidelity	LTD Term Govt	**	305,323
*	Fidelity	Mid Cap Value	**	48,591
*	Fidelity	New Markets Income	**	32,027
*	Fidelity	Real Estate Income	**	76,990
*	Fidelity	Real Estate Investment	**	150,725
*	Fidelity	Select Consumer Staples	**	966
*	Fidelity	Select Gold	**	34,159
*	Fidelity	Select Medical Tech & DV	**	133,809
*	Fidelity	Select Software	**	60,719
*	Fidelity	Short Term Bond	**	28,512
*	Fidelity	Small Cap Growth	**	108,384
*	Fidelity	Small Cap Value	**	41,355
*	Fidelity	Short Term Bond Index	**	9,679
*	Fidelity	Long Term Bond Index	**	14,845
*	Fidelity	Strategic Income	**	205,913
*	Fidelity	Total Bond	**	446,434
*	Fidelity	Total Mkt Idx	**	818,196
*	Fidelity	US Bond Idx	**	697,181
*	Fidelity	Value Discovery	**	8,241
*	Fidelity	Corporate Bond	**	53,720
*	Fidelity	Emrg Mkts Idx	**	18,069
*	Fidelity	Equity Dividend Income	**	452,633
*	Fidelity	Freedom 2030	**	1,903,642
*	Fidelity	Glb Ex US Idx	**	194,145
*	Fidelity	Government Cash Reserve	**	284,672
*	Fidelity	Government Money Market	**	294,083
*	Fidelity	Infl Pr Bd Idx	**	205,592
*	Fidelity	INTM TR Bd Idx	**	29,034
*	Fidelity	INTM Govt Income	**	5,301
*	Fidelity	Mid Cap Idx	**	560,555
*	Fidelity	Nasdaq Comp Idx	**	741,557
*	Fidelity	Real Estate Idx	**	25,756
*	Fidelity	Select Biotechnology	**	111,526
*	Fidelity	Select Communication Services	**	118,639
*	Fidelity	Select Energy	**	17,248

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i> <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<i>(c)</i> <u>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<i>(d)</i> <u>Cost</u>	<i>(e)</i> <u>Current Value</u>
*	Fidelity	Environment Alt Energy	**	\$ 9,109
*	Fidelity	Financials	**	10,333
*	Fidelity	Select Healthcare	**	18,685
*	Fidelity	Select Healthcare Services	**	991
*	Fidelity	Select Pharmaceutical	**	6,629
*	Fidelity	Select Technology	**	239,459
*	Fidelity	Telecom & Util	**	48,609
*	Fidelity	Sm Cap Idx	**	195,517
*	Fidelity	Stk Sel Sm Cap	**	86,761
*	Fidelity	Impax Sust Alloc Inv	**	62,845
*	Nuveen	Bond Index Retirement	**	305,899
*	Nuveen	Core Plus Bond Retire	**	7,266
*	Nuveen	Core Bond Retirement	**	2,325
*	Nuveen	Emerg Mkts Eq Retire	**	11,834
*	Nuveen	Emerg Mkts Eq Idx Rtmt	**	235,079
*	Nuveen	Equity Index Retirement	**	156,012
*	Nuveen	Core Equity Retirement	**	28,002
*	Nuveen	High Yield Retirement	**	182,717
*	Nuveen	Infl Linked Bond Retire	**	11,040
*	Nuveen	Internatl Eq Idx Retire	**	556,934
*	Nuveen	Internatl Equity Retire	**	194,689
*	Nuveen	Large Cap Gr Idx Retire	**	219,849
*	Nuveen	Large Cap Growth Retire	**	10,817
*	Nuveen	Large Cap Val Idx Rtmt	**	587,607
*	Nuveen	Large Cap Value Retire	**	265,625
*	Nuveen	Lifecycle 2010 Retire	**	3,910
*	Nuveen	Lifecycle 2015 Retire	**	37,150
*	Nuveen	Lifecycle 2020 Retire	**	62,631
*	Nuveen	Lifecycle 2025 Retire	**	80,900
*	Nuveen	Lifecycle 2030 Retire	**	528,042
*	Nuveen	Lifecycle 2035 Retire	**	342,094
*	Nuveen	Lifecycle 2040 Retire	**	548,098
*	Nuveen	Lifecycle 2045 Retire	**	11,281
*	Nuveen	Lifecycle 2050 Retire	**	7,282
*	Nuveen	Managed Allocat Retire	**	123,693
*	Nuveen	Mid Cap Growth Retire	**	183,780
*	Nuveen	Mid Cap Value Retire	**	195,643
*	Nuveen	Money Market Retirement	**	179,352
*	Nuveen	Real Est Sec Sel Rtmt	**	321,119

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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>
			**	\$ 557,737
*	Nuveen	S&P 500 Index Retire	**	321,416
*	Nuveen	Small Cap Bld Idx Rtmt	**	237,387
*	Nuveen	Quant Sm Cp Eq Retire	**	492,128
*	Nuveen	Large Cap Resp Eq Rtmt	**	54,219
*	Nuveen	Core Impact Bond Retire	**	54,336
*	Nuveen	Internatl Opps Retire	**	4,319,012
	Schwab	Small Cap Index	**	1,683,073
	Black Rock	Inflation Protected Bond Fund	**	2,271,953
*	Fidelity	Extended Market Index Fund	**	1,428,706
*	Fidelity	Emerging Markets Fund K	**	4,184,368
	Gabelli	U.S Treasury Mkt Fund	**	2,945,807
	iShares	MSCI EAFE Index Fund K	**	1,202,575
	John Hancock	Bond Fund R6	**	2,254,916
	MFS	Mid Cap Growth Fund R6	**	2,005,701
	Putnam	Large Cap Value Fund C1 R6	**	834,568
	PGIM	Global Real Estate FD R6	**	1,169,151
	PGIM	High Yield Fund R6	**	511,612
	JPMorgan	Unconstrained Debt Fund R6	**	5,738,581
	JPMorgan	LgCp Grw Fnd R6	**	21,710,902
	Schwab	Total Stock Market Index Fund	**	2,147,877
	Janus Henderson	Overseas Fund	**	3,286,660
	Trowe Price	Retirement 2005 - I Class	**	5,155,102
	Trowe Price	Retirement 2010 - I Class	**	10,457,097
	Trowe Price	Retirement 2015 - I Class	**	21,595,008
	Trowe Price	Retirement 2020 - I Class	**	38,748,981
	Trowe Price	Retirement 2025 - I Class	**	41,976,155
	Trowe Price	Retirement 2030 - I Class	**	30,070,037
	Trowe Price	Retirement 2035 - I Class	**	24,636,880
	Trowe Price	Retirement 2040 - I Class	**	22,238,826
	Trowe Price	Retirement 2045 - I Class	**	13,689,706
	Trowe Price	Retirement 2050 - I Class	**	6,591,105
	Trowe Price	Retirement 2055 - I Class	**	3,933,021
	Trowe Price	Retirement 2060 - I Class	**	391,622
	Trowe Price	Retirement 2065 - I Class	**	6,349,504
	Vanguard	Total Bond Market Index Fund Adm	**	870,938
	Victory	Sycmr Established Value F	**	23,070
*	Fidelity	Sel Tec Hardware	**	347
*	Fidelity	Sel Fintech	**	314,092
*	Fidelity	Multi Assets Index	**	

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	<i>Value</i>
*	Fidelity	Conservative Income Bond	**	\$ 92,868
*	Fidelity	Global Credit	**	6,135
				515,972,442
Charles Schwab	Self-Directed Brokerage Account			60,998
Participant Loans	Loans (interest ranging from 3.25% to 8.50%)	-0-		519,178
	Total investments			\$ 628,652,581

* - Related party/party-in-interest

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

-0- - Cost not included

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Contains two rows for JILLIAN MCGRATH as plan administrator and employer/plan sponsor, signed 9/29/25.

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

3a Plan administrator's name and address <input type="checkbox"/> 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	3,245
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)	1,862
a(2) Total number of active participants at the end of the plan year	6a(2)	1,903
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	1,942
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,845
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	3,845
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	3,332
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	3,358
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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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>
		Guaranteed Investment Contract		
*	TIAA	Traditional Non Benefit Responsive	**	\$ 77,278,003
*	TIAA	Traditional Benefit Responsive		17,890,295
*	VOYA	Fixed Plus Account III	**	<u>10,722,420</u>
				<u>105,890,718</u>
		Pooled Separate Account		
*	TIAA	Real Estate	**	<u>6,209,245</u>
				<u>6,209,245</u>
		Registered Investment Companies		
		Variable Annuity Contracts		
*	CREF	Social Choice R2	**	12,689,564
*	CREF	Stock R2	**	88,247,685
*	CREF	Global Equities R2	**	15,760,421
*	CREF	Growth R2	**	19,183,875
*	CREF	Core Bond R2	**	6,119,702
*	CREF	Inflation-Linked Bond R2	**	4,673,988
*	CREF	Equity Index R2	**	11,985,057
*	CREF	Money Market R2	**	3,295,640
		Mutual Funds		
*	American Century	Balanced	**	10,350
*	American Century	Emerging Markets	**	5,475
*	American Century	Equity Income	**	442,749
*	American Century	Growth	**	612,735
*	American Century	Heritage	**	281,498
*	American Century	Disciplined Core Value	**	91,659
*	American Century	Inflation Adjusted Bond	**	35,803
*	American Century	Capital Preservation	**	453,071
*	American Century	International Opportunity	**	29,739
*	American Century	Mid Cap Value Fund	**	20,310
*	American Century	Disciplined Growth	**	10,197
*	American Century	OCP 2025	**	216,788
*	American Century	OCP 2035	**	14,687
*	American Century	OCP 2045	**	16,974
*	American Century	One Choice Portfolio - Aggressive	**	108,920
*	American Century	One Choice Portfolio - Moderate	**	3,865
*	American Century	One Choice Portfolio - Very Aggressive	**	54,277
*	American Century	Large Cap Equity	**	10,033

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i> <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<i>(c)</i> <u>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<i>(d)</i> <u>Cost</u>	<i>(e)</i> <u>Current Value</u>
*	American Century	Diversified Bond	**	\$ 95,784
*	American Century	Government Bond	**	15,166
*	American Century	Prime Money Market	**	21,778
*	American Century	Real Estate	**	27,615
*	American Century	Select	**	496,382
*	American Century	Short Term Government	**	1,290
*	American Century	Small Cap Growth	**	122,289
*	American Century	Small Cap Value	**	41,260
*	American Century	Short Duration Inflation Protection Bond Fund	**	24,162
*	American Century	Ultra	**	1,644,286
*	American Century	OCP in Retirement	**	107,870
*	American Century	Value	**	124,753
*	Fidelity	Asset Manager 20%	**	279,437
*	Fidelity	Asset Manager 50%	**	463,177
*	Fidelity	Asset Manager 70%	**	710,019
*	Fidelity	Asset Manager 85%	**	353,654
*	Fidelity	Balanced	**	967,932
*	Fidelity	Convertible Securities	**	9,155
*	Fidelity	Dividend Growth	**	911,619
*	Fidelity	Equity Income	**	686,704
*	Fidelity	Focused Stock	**	184,282
*	Fidelity	Freedom 2010	**	36,114
*	Fidelity	Freedom 2015	**	458,330
*	Fidelity	Freedom 2020	**	1,891,309
*	Fidelity	Freedom 2025	**	2,538,519
*	Fidelity	Freedom 2035	**	1,387,794
*	Fidelity	Freedom 2040	**	655,798
*	Fidelity	Freedom 2045	**	109,998
*	Fidelity	Freedom 2050	**	346,605
*	Fidelity	Freedom Income	**	30,552
*	Fidelity	Growth & Inc	**	1,255,644
*	Fidelity	Mega Cap Stock	**	63,680
*	Fidelity	Puritan	**	623,870
*	Fidelity	Select Retailing	**	10,296
*	Fidelity	Select Semiconduct	**	151,015
*	Fidelity	Trend	**	203,411
*	Fidelity	Value	**	377,566
*	Fidelity	Blue Chip Growth	**	3,939,792
*	Fidelity	Capital Appreciation	**	140,107
*	Fidelity	China Region	**	21,612
*	Fidelity	Contrafund	**	4,500,705

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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	Disciplined Equity	**	\$ 290,673
*	Fidelity	Diversified International	**	254,411
*	Fidelity	Emerging Asia	**	15,728
*	Fidelity	Emerging Markets	**	262,569
*	Fidelity	Europe	**	294,637
*	Fidelity	Fidelity Fund	**	694,550
*	Fidelity	Growth Company	**	4,939,062
*	Fidelity	Growth Discovery	**	54,515
*	Fidelity	Growth Strategies	**	308,684
*	Fidelity	International Capital Appreciation	**	219,269
*	Fidelity	International Discovery	**	403,186
*	Fidelity	Japan	**	28,251
*	Fidelity	Japan Smaller Company	**	5,197
*	Fidelity	Large Cap Stock	**	12,938
*	Fidelity	Leveraged Company Stock	**	27,898
*	Fidelity	Low Priced Stock	**	1,593,772
*	Fidelity	Magellan	**	2,811,380
*	Fidelity	Mid Cap Stock	**	147,472
*	Fidelity	New Millenium	**	790,701
*	Fidelity	Nordic	**	3,989
*	Fidelity	OTC Portfolio	**	34,692
*	Fidelity	Overseas	**	333,527
*	Fidelity	Pacific Basin	**	111,151
*	Fidelity	Small Cap Discovery	**	166,637
*	Fidelity	Small Cap Stock	**	19,572
*	Fidelity	Stock Selector Mid Cap	**	71,351
*	Fidelity	Treasury Only Moneymarket	**	277,584
*	Fidelity	Worldwide	**	531
*	Fidelity	500 Index	**	8,068,229
*	Fidelity	Capital & Income	**	411,774
*	Fidelity	Extd Mkt Idx	**	128,691
*	Fidelity	Floating Rate High Income	**	94,982
*	Fidelity	Global Commodity Stock	**	16,202
*	Fidelity	GNMA	**	542,708
*	Fidelity	Government Income	**	23,845
*	Fidelity	Government Money Market Prm	**	458,634
*	Fidelity	High Income	**	33,425
*	Fidelity	Intermediate Bond	**	149,159
*	Fidelity	Strategic Dividend & Income	**	63,519

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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	International Real Estate	**	\$ 10,027
*	Fidelity	International Small Cap	**	76,364
*	Fidelity	International Index	**	172,394
*	Fidelity	Investment Grade Bond	**	271,161
*	Fidelity	LTD Term Govt	**	305,323
*	Fidelity	Mid Cap Value	**	48,591
*	Fidelity	New Markets Income	**	32,027
*	Fidelity	Real Estate Income	**	76,990
*	Fidelity	Real Estate Investment	**	150,725
*	Fidelity	Select Consumer Staples	**	966
*	Fidelity	Select Gold	**	34,159
*	Fidelity	Select Medical Tech & DV	**	133,809
*	Fidelity	Select Software	**	60,719
*	Fidelity	Short Term Bond	**	28,512
*	Fidelity	Small Cap Growth	**	108,384
*	Fidelity	Small Cap Value	**	41,355
*	Fidelity	Short Term Bond Index	**	9,679
*	Fidelity	Long Term Bond Index	**	14,845
*	Fidelity	Strategic Income	**	205,913
*	Fidelity	Total Bond	**	446,434
*	Fidelity	Total Mkt Idx	**	818,196
*	Fidelity	US Bond Idx	**	697,181
*	Fidelity	Value Discovery	**	8,241
*	Fidelity	Corporate Bond	**	53,720
*	Fidelity	Emrg Mkts Idx	**	18,069
*	Fidelity	Equity Dividend Income	**	452,633
*	Fidelity	Freedom 2030	**	1,903,642
*	Fidelity	Glb Ex US Idx	**	194,145
*	Fidelity	Government Cash Reserve	**	284,672
*	Fidelity	Government Money Market	**	294,083
*	Fidelity	Infl Pr Bd Idx	**	205,592
*	Fidelity	INTM TR Bd Idx	**	29,034
*	Fidelity	INTM Govt Income	**	5,301
*	Fidelity	Mid Cap Idx	**	560,555
*	Fidelity	Nasdaq Comp Idx	**	741,557
*	Fidelity	Real Estate Idx	**	25,756
*	Fidelity	Select Biotechnology	**	111,526
*	Fidelity	Select Communication Services	**	118,639
*	Fidelity	Select Energy	**	17,248

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i> <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<i>(c)</i> <u>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<i>(d)</i> <u>Cost</u>	<i>(e)</i> <u>Current Value</u>
*	Fidelity	Environment Alt Energy	**	\$ 9,109
*	Fidelity	Financials	**	10,333
*	Fidelity	Select Healthcare	**	18,685
*	Fidelity	Select Healthcare Services	**	991
*	Fidelity	Select Pharmaceutical	**	6,629
*	Fidelity	Select Technology	**	239,459
*	Fidelity	Telecom & Util	**	48,609
*	Fidelity	Sm Cap Idx	**	195,517
*	Fidelity	Stk Sel Sm Cap	**	86,761
*	Fidelity	Impax Sust Alloc Inv	**	62,845
*	Nuveen	Bond Index Retirement	**	305,899
*	Nuveen	Core Plus Bond Retire	**	7,266
*	Nuveen	Core Bond Retirement	**	2,325
*	Nuveen	Emerg Mkts Eq Retire	**	11,834
*	Nuveen	Emerg Mkts Eq Idx Rtmt	**	235,079
*	Nuveen	Equity Index Retirement	**	156,012
*	Nuveen	Core Equity Retirement	**	28,002
*	Nuveen	High Yield Retirement	**	182,717
*	Nuveen	Infl Linked Bond Retire	**	11,040
*	Nuveen	Internatl Eq Idx Retire	**	556,934
*	Nuveen	Internatl Equity Retire	**	194,689
*	Nuveen	Large Cap Gr Idx Retire	**	219,849
*	Nuveen	Large Cap Growth Retire	**	10,817
*	Nuveen	Large Cap Val Idx Rtmt	**	587,607
*	Nuveen	Large Cap Value Retire	**	265,625
*	Nuveen	Lifecycle 2010 Retire	**	3,910
*	Nuveen	Lifecycle 2015 Retire	**	37,150
*	Nuveen	Lifecycle 2020 Retire	**	62,631
*	Nuveen	Lifecycle 2025 Retire	**	80,900
*	Nuveen	Lifecycle 2030 Retire	**	528,042
*	Nuveen	Lifecycle 2035 Retire	**	342,094
*	Nuveen	Lifecycle 2040 Retire	**	548,098
*	Nuveen	Lifecycle 2045 Retire	**	11,281
*	Nuveen	Lifecycle 2050 Retire	**	7,282
*	Nuveen	Managed Allocat Retire	**	123,693
*	Nuveen	Mid Cap Growth Retire	**	183,780
*	Nuveen	Mid Cap Value Retire	**	195,643
*	Nuveen	Money Market Retirement	**	179,352
*	Nuveen	Real Est Sec Sel Rtmt	**	321,119

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

(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>
			**	\$ 557,737
*	Nuveen	S&P 500 Index Retire	**	321,416
*	Nuveen	Small Cap Bld Idx Rtmt	**	237,387
*	Nuveen	Quant Sm Cp Eq Retire	**	492,128
*	Nuveen	Large Cap Resp Eq Rtmt	**	54,219
*	Nuveen	Core Impact Bond Retire	**	54,336
*	Nuveen	Internatl Opps Retire	**	4,319,012
	Schwab	Small Cap Index	**	1,683,073
	Black Rock	Inflation Protected Bond Fund	**	2,271,953
*	Fidelity	Extended Market Index Fund	**	1,428,706
*	Fidelity	Emerging Markets Fund K	**	4,184,368
	Gabelli	U.S Treasury Mkt Fund	**	2,945,807
	iShares	MSCI EAFE Index Fund K	**	1,202,575
	John Hancock	Bond Fund R6	**	2,254,916
	MFS	Mid Cap Growth Fund R6	**	2,005,701
	Putnam	Large Cap Value Fund C1 R6	**	834,568
	PGIM	Global Real Estate FD R6	**	1,169,151
	PGIM	High Yield Fund R6	**	511,612
	JPMorgan	Unconstrained Debt Fund R6	**	5,738,581
	JPMorgan	LgCp Grw Fnd R6	**	21,710,902
	Schwab	Total Stock Market Index Fund	**	2,147,877
	Janus Henderson	Overseas Fund	**	3,286,660
	Trowe Price	Retirement 2005 - I Class	**	5,155,102
	Trowe Price	Retirement 2010 - I Class	**	10,457,097
	Trowe Price	Retirement 2015 - I Class	**	21,595,008
	Trowe Price	Retirement 2020 - I Class	**	38,748,981
	Trowe Price	Retirement 2025 - I Class	**	41,976,155
	Trowe Price	Retirement 2030 - I Class	**	30,070,037
	Trowe Price	Retirement 2035 - I Class	**	24,636,880
	Trowe Price	Retirement 2040 - I Class	**	22,238,826
	Trowe Price	Retirement 2045 - I Class	**	13,689,706
	Trowe Price	Retirement 2050 - I Class	**	6,591,105
	Trowe Price	Retirement 2055 - I Class	**	3,933,021
	Trowe Price	Retirement 2060 - I Class	**	391,622
	Trowe Price	Retirement 2065 - I Class	**	6,349,504
	Vanguard	Total Bond Market Index Fund Adm	**	870,938
	Victory	Sycmr Established Value F	**	23,070
*	Fidelity	Sel Tec Hardware	**	347
*	Fidelity	Sel Fintech	**	314,092
*	Fidelity	Multi Assets Index	**	

**SMITH COLLEGE DEFINED CONTRIBUTION
RETIREMENT PLAN**

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

**EIN: 04-1843040
PN: 002
December 31, 2024**

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	<i>Value</i>
*	Fidelity	Conservative Income Bond	**	\$ 92,868
*	Fidelity	Global Credit	**	6,135
				515,972,442
	Charles Schwab	Self-Directed Brokerage Account		60,998
	Participant Loans	Loans (interest ranging from 3.25% to 8.50%) Total investments	-0-	519,178
				\$ 628,652,581

* - Related party/party-in-interest

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

-0- - Cost not included