

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1937
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) ALBANY LAW SCHOOL 80 NEW SCOTLAND AVENUE ALBANY, NY 12208
2b	Employer Identification Number (EIN) 14-1338309
2c	Plan Sponsor's telephone number 518-445-2311
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2026	VICTOR E. RAUSCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 422
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 118 6a(2) 110 6b 39 6c 235 6d 384 6e 7 6f 391 6g(1) 423 6g(2) 391 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2F 2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL	D Employer Identification Number (EIN) 14-1338309	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103061	209	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	22594545
5 Current value of plan's interest under this contract in separate accounts at year end	5	2782803

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

21490147

c Additions: (1) Contributions deposited during the year**7c(1)**

222630

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

900170

(4) Transferred from separate account

7c(4)

2642884

(5) Other (specify below)

7c(5)

16402

▶ MISCELLANEOUS

(6) Total additions

7c(6)

3782086

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

25272233

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

981525

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

1696133

(4) Other (specify below)

7e(4)

30

▶ MISCELLANEOUS

(5) Total deductions

7e(5)

2677688

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

22594545

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL	D Employer Identification Number (EIN) 14-1338309	

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

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	41365	52	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 3064	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALYSIA MILLER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2630			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THOMAS J LYNCH
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148			3

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

GREGORY D REO

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
114			3

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

JAMES E KAUFMANN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52			3

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

JUSTIN Z VERWIJST

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43			3

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

THOMAS J CHAMBERS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42			3

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

BAILEY A RIHNER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

JUSTIN R OLEWNIK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 3064010**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3104830**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 116259
(4) Transferred from separate account **7c(4)** 698128
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 814387**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3919217**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 830535(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 24109(4) Other (specify below) **7e(4)** 563▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 855207**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3064010

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL	D Employer Identification Number (EIN) 14-1338309	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 37 50	NONE	32338	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL	D Employer Identification Number (EIN) 14-1338309	

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

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

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

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2782803
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL	D Employer Identification Number (EIN) 14-1338309	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	71872	52116
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2749744	2782803
(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)	62036658	70655193
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	24594977	25658555
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	89453251	99148667

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	89453251	99148667
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	656518	
(B) Participants	2a(1)(B)	894583	
(C) Others (including rollovers)	2a(1)(C)	153377	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1704478
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	4191	
(F) Other	2b(1)(F)	1016429	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1020620
(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)	1762037	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1762037
(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)		0
(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)		0

		(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)		115486
(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)		8252934
c Other income	2c		27052
d Total income. Add all income amounts in column (b) and enter total	2d		12882607

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3048451	
(2) To insurance carriers for the provision of benefits	2e(2)	105735	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3154186
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32338	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	667	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		33005
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3187191

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9695416
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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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.)	☒	☐	34098
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY LAW SCHOOL		D Employer Identification Number (EIN) 14-1338309
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 74-1625348		
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 45
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Report of
Independent Certified Public
Accountants

Albany Law School Retirement Plan

December 31, 2025 and 2024

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* All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and applicable regulations issued by the U.S. Department of Labor.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator and Participants of the
Albany Law School 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 Albany Law School Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of opinion

We do not express an opinion on the accompanying financial statements of the Plan. 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

As described in Note 8 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may 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.

Auditor's responsibilities for the audit of the financial statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's 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 schedules required by ERISA

The supplemental Schedule H, line 4(a) - Schedule of delinquent participant contributions for the year ended December 31, 2025 and Schedule H, line 4(i) - Schedule of assets (held at end of year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules referred to above.



Albany Law School Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 94,808,237	\$ 85,547,381
Fully benefit-responsive investments, at contract value	<u>4,288,314</u>	<u>3,833,998</u>
Total investments	<u>99,096,551</u>	<u>89,381,379</u>
Receivables:		
Notes receivable from participants	<u>52,116</u>	<u>71,872</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 99,148,667</u></u>	<u><u>\$ 89,453,251</u></u>

The accompanying notes are an integral part of these financial statements.

Albany Law School Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2025

Additions

Investment income:

Net appreciation in fair value of investments	\$ 8,368,420
Interest and dividends	<u>2,778,466</u>

Net investment income	<u>11,146,886</u>
-----------------------	-------------------

Interest from participant loans	<u>4,191</u>
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Contributions:

Employee contributions	894,583
Employer contributions	656,518
Rollovers	<u>153,377</u>

Total contributions	<u>1,704,478</u>
---------------------	------------------

Plan servicing credit	<u>27,052</u>
-----------------------	---------------

Total additions	<u>12,882,607</u>
-----------------	-------------------

Deductions

Distributions and withdrawals	3,154,186
Administrative expenses	<u>33,005</u>

Total deductions	<u>3,187,191</u>
------------------	------------------

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	9,695,416
--	------------------

Net assets available for benefits at beginning of year	<u>89,453,251</u>
---	--------------------------

Net assets available for benefits at end of year	<u><u>\$ 99,148,667</u></u>
---	------------------------------------

The accompanying notes are an integral part of this financial statement.

Albany Law School Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Albany Law School Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is an Internal Revenue Service ("IRS") Code Section 403(b) defined contribution plan covering all Albany Law School (the "School") employees, except non-resident aliens, employees who normally work less than 20 hours per week, student employees, leased employees, and adjunct faculty members who normally work less than 20 hours per week. Eligible employees can participate in the Plan upon their first day of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan utilizes Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") (collectively, "TIAA and CREF") and The Variable Annuity Life Insurance Company ("VALIC") as its custodians. TIAA is the recordkeeper of the Plan. Effective September 23, 2017, no new contributions can be made to VALIC.

Contributions

Participant Contributions

Beginning on their employment date, participants may elect to contribute a discretionary amount of their annual eligible compensation, as defined by the Plan, provided the participant's contribution does not exceed the maximum dollar amount determined by the IRS each year. Participants that have attained age 50 may defer up to an additional \$7,500 as catch-up contributions. Participants who have completed at least 15 years of service with the school may be eligible to defer additional amounts, subject to current IRS limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

Employer Contributions

Participants are eligible to receive discretionary employer contributions starting on the first day of the first full month of employment. For the years ended December 31, 2025 and 2024, the discretionary contribution authorized by the Board was set at an amount equal to 5% of eligible compensation for all eligible plan participants.

Participant Accounts

Each participant's account is credited with the participant's contributions, school contributions, and investment earnings thereon, and charged with investment losses thereon, withdrawals and an allocation of administrative fees, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant is fully vested in the balance of their account at all times.

Albany Law School Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2025 and 2024

Investment Options

Participants direct the Plan custodians to invest their account balances in one or more investment options available under the Plan. During the years ended December 31, 2025 and 2024, participants could choose from registered investment companies (including mutual funds and money market funds), a pooled separate account, and unallocated annuity contracts.

Plan Loans

Prior to January 1, 2020, plan loans were available to participants through TIAA, subject to certain limitations. Plan loans were issued directly from the funds owned by TIAA and loan proceeds were not removed from a participant's account balance. However, a portion of a participant's TIAA Traditional Annuity Contract (the "Traditional Annuity") account balance was reserved, or held in collateral, to cover 110% of the outstanding loan amount for the period of time the loan is outstanding. See Note 3 for discussion of the Traditional Annuity. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

At December 31, 2025 and 2024, participants had outstanding plan loan balances due to TIAA of \$66,933 and \$67,374, respectively. These loans were collateralized by Traditional Annuity account balances of \$73,626 and \$74,111 as of December 31, 2025 and 2024, respectively.

Plan loans were also available through VALIC. Plan loans were issued directly from the funds owned by VALIC and loan proceeds were not removed from a participant's account balance. Participants receiving a loan from VALIC were required to pledge 100% of the loan amount in their overall account balance. As of December 31, 2025 and 2024, participants had outstanding plan loan balances due to VALIC of \$302,649 and \$310,198, respectively.

Participant Loans

Starting with calendar year 2020, TIAA no longer issued plan loans in an effort to enhance their services to participants. The plan loans were replaced by participant loans. Participant loans are available to active employees subject to certain limitations. Participants may borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may have a maximum of two loans outstanding at any time. Loan terms range from one to five years. In the event of a home loan, the term is no more than 10 years. The loans are secured by the balances in the participants' accounts and bear interest at rates which are commensurate with local prevailing rates at the time of issuance, as determined quarterly by the Plan Administrator. Principal and interest must be paid by the borrower ratably at least quarterly. Participant loans are offered with a fixed rate of interest based on the prime rate plus 1% and funded through the active participant's retirement account. Principal and interest are paid back to the participant's account based on the investment allocation for contributions. At December 31, 2025 and 2024, participants had outstanding participant loan balances of \$52,116 and \$71,872, respectively.

Payment of Benefits

Distributions, as defined by the Plan, are permitted under the following circumstances: (i) termination, retirement, death or permanent disability; (ii) attainment of age 65; and (iii) qualified domestic relations order. Additionally, in-service distributions of elective deferrals only are permitted at age 59½. Minimum required distributions for participants who have reached age 73 also apply per IRS regulations. Distributions of a participant's account are made in the form of installments or lump-sum payments.

Albany Law School Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator 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

The fully benefit-responsive portion of the Plan's fixed rate annuity contract with TIAA and the TIAA Stable Value fixed-rate annuity contract are reported at contract value. Contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals (see Note 3). All other plan investments, including the Plan's interest in non-fully benefit-responsive contracts, are reported at fair 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 valuation policies utilize information provided by its trustees and custodians. In determining fair value, the Plan uses various valuation approaches including the observability of prices and inputs as well as net asset value ("NAV") per share, its equivalent, as the practical expedient. See Note 5 for additional fair value disclosures.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2025. Delinquent participant loans are reclassified as benefits paid to participants on the statement of changes in net assets available for benefits in accordance with the provisions of the Plan.

Administrative Expenses

Expenses of maintaining the Plan may be paid directly by the Plan or by the School. Those expenses paid directly by the School are excluded from the financial statements. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 3 - FULLY BENEFIT-RESPONSIVE INVESTMENTS, AT CONTRACT VALUE

The Traditional Annuity is a guaranteed fixed annuity contract that is available to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including the Supplemental Retirement Annuity ("SRA") and the Group Supplemental Retirement Annuity ("GSRA"), which are fully benefit-responsive. The type of contract through which a

Albany Law School Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2025 and 2024

participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the Traditional Annuity (accumulation phase of the contract), they may elect at retirement to purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claims-paying ability. The Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate.

All SRA and GSRA contracts provide for full participant directed liquidity. When a participant's accumulation in the 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 amount is recorded as a distribution in the statement of changes in net assets available for benefits.

The TIAA Stable Value, also a fully benefit-responsive contract, is a fixed-rate annuity contract backed by the assets of TIAA's general account. The TIAA Stable Value Contract is reported at contract value, which equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Funds are credited at a stated rate to the participant's account. The contract guarantees principal and a minimum interest rate and provides the opportunity for additional amounts in excess of the guaranteed rate.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, nor limit the ability of the Plan to transact at contract value with its participants.

NOTE 4 - INFORMATION CERTIFIED BY THE CUSTODIANS

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, VALIC and TIAA and CREF, insurance companies and issuers of certain annuity contract investment assets of the Plan, have certified that the following information in the accompanying financial statements and supplemental schedule is complete and accurate (this certification extends to investments that were record kept by TIAA, but were held by TIAA Trust, N.A. as directed trustee or custodian:

- Investments, at fair value and fully benefit-responsive investments, at contract value as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Net investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.
- Schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2025.

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest

Albany Law School Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2025 and 2024

priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Mutual Fund and Money Market Fund Investments: The Plan's mutual fund and money market fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Registered Investment Companies: The Plan's variable annuities related to investments in CREF annuities are valued at quoted market prices, representing the NAV of the units, and classified as Level 1. Data for NAVs are available daily to plan administrators and client investors on NASDAQ's website, and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.

TIAA Real Estate Account: (a pooled separate account) the fair value is based on the fund's daily NAV. The unit value of the fund is calculated daily and available to plan administrators and client investors on NASDAQ's website. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests. Although this interest has a readily determinable fair value, management has classified this within Level 2 as a result of the associated redemption provisions. There are no unfunded commitments from participants in the Plan who invest in this account.

VALIC Fixed Accounts: the Fixed Account Plus and the Short-Term Fixed Account: These assets are invested to provide fixed-rate earnings and guarantee the safety of the principal. The guarantees are backed by the claims-paying ability of VALIC. The minimum guaranteed interest rate for participant accounts set up prior to December 1, 2003 is 3.00%. For those accounts set up on or after December 1,

Albany Law School Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2025 and 2024

2003, the minimum guaranteed interest rate is 2.00%. VALIC Loan Collateral Fund balances are invested in these fixed accounts.

- The Fixed Account Plus is valued based upon the cash flow due to the contract holder under the surrender provisions of the contract, discounted according to risk-adjusted market rates. Withdrawals from this account are restricted to 20% per year. The Fixed Account Plus investment is not a fully benefit-responsive contract. This investment is classified within Level 3 of the fair value hierarchy.
- The Short-Term Fixed Account is valued at contract value, which approximates fair value. Contract value is deemed to approximate fair value based on observation of recent participant investments and withdrawals at contract value. It is credited with interest at rates set by VALIC, which may be lower than the rates credited to Fixed Account Plus. The account is guaranteed to earn at least a minimum rate of interest shown in the Plan's contract. The crediting interest rate was 1% as of December 31, 2025 and 2024. Deposits will be credited with a different rate of interest depending on the time period in which it is accumulated. The Short-Term Fixed Account investment is not a fully benefit-responsive contract. This investment is classified within Level 3 of the fair value hierarchy.

TIAA Traditional Annuity: The TIAA Traditional Annuity is a fixed-rate contract-based investment for which observable prices for identical or similar investments do not exist, and is classified as Level 3. The Plan's TIAA Traditional Annuity investment is offered through a variety of contract types, one of which is the Retirement Annuity ("RA"), a non-fully benefit-responsive contract. Investments in the TIAA Traditional Annuity earns a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The accumulated crediting interest rate was approximately 4.75%, net of annual fees for the year ended December 31, 2025 and approximately 5.25% for the year ended December 31, 2024. The crediting interest rate is calculated on a daily basis. The RA does not allow lump-sum cash withdrawals and transfers and these distributions must be distributed over 10 annual installments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,861,465	\$ -	\$ -	\$ 42,861,465
VALIC money market fund	36,640	-	-	36,640
CREF registered investment companies	27,757,088	-	-	27,757,088
TIAA real estate	-	2,782,803	-	2,782,803
VALIC fixed accounts	-	-	2,761,361	2,761,361
TIAA traditional annuity non-benefit responsive	-	-	18,253,223	18,253,223
TIAA plan loan default fund	-	-	53,008	53,008
VALIC loan collateral and escrow funds	-	-	302,649	302,649
Investments, at fair value	<u>\$ 70,655,193</u>	<u>\$ 2,782,803</u>	<u>\$ 21,370,241</u>	<u>\$ 94,808,237</u>

Albany Law School Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2025 and 2024

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 40,324,489	\$ -	\$ -	\$ 40,324,489
VALIC money market fund	35,520	-	-	35,520
CREF registered investment companies	21,676,649	-	-	21,676,649
TIAA real estate	-	2,749,744	-	2,749,744
VALIC fixed accounts	-	-	2,794,632	2,794,632
TIAA traditional annuity non-benefit responsive	-	-	17,605,746	17,605,746
TIAA plan loan default fund	-	-	50,403	50,403
VALIC loan collateral and escrow funds	-	-	310,198	310,198
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Investments, at fair value	<u>\$ 62,036,658</u>	<u>\$ 2,749,744</u>	<u>\$ 20,760,979</u>	<u>\$ 85,547,381</u>

Purchases of Level 3 investments were \$94,808 for year ended December 31, 2025. Transfers, net of Level 3 investments were \$1,095,205 for year ended December 31, 2025.

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, 2025 and 2024 and the significant unobservable inputs and the ranges of values for those inputs:

Type	2025 Fair Value	2024 Fair Value	Valuation Technique	Unobservable Inputs*	Range
TIAA Traditional Annuity**	\$ 18,306,231	\$ 17,656,149	Discounted cash flow Theoretical transfer (exit value)	Risk adjusted discount rate	RA: 3.55% - 6.50%
VALIC Fixed Accounts***	\$ 3,064,010	\$ 3,104,830	Discounted cash flow Theoretical transfer (exit value)	Risk adjusted discount rate	USD Industrial A+ Fair market rates as of the valuation date

*Unobservable inputs include discount rate applied.

** Includes Plan Loan Default Fund.

*** Includes VALIC Loan Collateral and Escrow Funds Balances.

Albany Law School Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2025 and 2024

NOTE 6 - RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan invests in shares of registered investment companies (including mutual funds), a pooled separate account and investment contracts managed by VALIC, TIAA and CREF, the custodians. Therefore, transactions in such investments qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA. The Plan also permits notes receivable from participants. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions. Certain administrative expenses paid by the Plan Sponsor qualify as party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - ACCOUNTING AND PAYROLL RECORDS

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA. Prior to the amended regulations, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual contracts, which participants could engage in a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various accounting and payroll records related to the Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan or its custodians. Consequently, the financial statements have been prepared based on available records analyzed by the Plan Administrator. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined.

NOTE 9 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code ("IRC"). The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan was restated effective January 1, 2018 using a volume submitter plan document for which TIAA received an advisory letter dated August 7, 2017 from the IRS stating the form of the Plan was acceptable under Section 403(b) of the IRC. Although the Plan has been amended since receiving the advisory letter, the Plan Administrator believes that the Plan is currently designed and operating, in compliance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes that the Plan is qualified, and the related accounts are tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP required Plan management evaluates tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain position that more likely than not would 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, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

Albany Law School Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2025 and 2024

NOTE 10 - 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 2, 2026, the date the financial statements were available to be issued and determined that there were no circumstances that warranted recognition or disclosure in the financial statements as of December 31, 2025.

SUPPLEMENTAL SCHEDULES

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c)	(d) ** Cost	(e) Current Value
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		
	Fully Benefit-Responsive Investments			
*	TIAA Traditional Benefit Responsive	Fully benefit-responsive investment, at contract value		\$ 3,610,542
*	TIAA Stable Value	Fully benefit-responsive investment, at contract value		677,772
				<u>4,288,314</u>
	Mutual Funds			
	American Funds EuroPacific Growth R6	Mutual Fund		1,946,819
	Ariel Appreciation Fund	Mutual Fund		5,323
	Ariel Fund	Mutual Fund		564,660
	BlackRock Total Return K	Mutual Fund		565,935
	Eaton Vance Atlanta Capital SMID Cap Fund R6	Mutual Fund		502,769
	JPMorgan Large Cap Growth R6	Mutual Fund		825,745
	Mutual Fund S Value Fund Class R6	Mutual Fund		1,441,001
*	TIAA-CREF Lifecycle 2010 Retirement	Mutual Fund		852,959
*	TIAA-CREF Lifecycle 2015 Retirement	Mutual Fund		49,757
*	TIAA-CREF Lifecycle 2020 Retirement	Mutual Fund		389,717
*	TIAA-CREF Lifecycle 2025 Retirement	Mutual Fund		1,377,576
*	TIAA-CREF Lifecycle 2030 Retirement	Mutual Fund		1,992,734
*	TIAA-CREF Lifecycle 2035 Retirement	Mutual Fund		3,658,993
*	TIAA-CREF Lifecycle 2040 Retirement	Mutual Fund		1,393,376
*	TIAA-CREF Lifecycle 2045 Retirement	Mutual Fund		1,305,808
*	TIAA-CREF Lifecycle 2050 Retirement	Mutual Fund		649,401
*	TIAA-CREF Lifecycle 2055 Retirement	Mutual Fund		421,721
*	TIAA-CREF Lifecycle 2060 Retirement	Mutual Fund		197,060
*	TIAA-CREF Lifecycle 2065 Retirement	Mutual Fund		45,998
*	TIAA-CREF Lifestyle Retirement Income	Mutual Fund		58,978
*	VALIC Company I Capital Appreciation Fund	Mutual Fund		62,366
*	VALIC Company I Asset Allocation Fund	Mutual Fund		15,730
*	VALIC Company I Dividend Value	Mutual Fund		122,524
*	VALIC Company I Emerging Economies	Mutual Fund		246,923
*	VALIC Company I Global Real Estate Fund	Mutual Fund		611
*	VALIC Company I Global Strategy Fund	Mutual Fund		10,323
*	VALIC Company I Government Securities Fund	Mutual Fund		51,442
*	VALIC Company I Growth Fund	Mutual Fund		615,109
*	VALIC Company I Inflation Protected Fund	Mutual Fund		57
*	VALIC Company I International Government Bond	Mutual Fund		132,171
*	VALIC Company I International Growth Fund	Mutual Fund		11,294
*	VALIC Company I International Socially Responsible Fund	Mutual Fund		5,882
*	VALIC Company I International Value Fund	Mutual Fund		4,731
*	VALIC Company I Internatl Equities Index Fund	Mutual Fund		166,291
*	VALIC Company I Large Capital Growth Fund	Mutual Fund		447,441
*	VALIC Company I Mid Cap Index Fund	Mutual Fund		630,777
*	VALIC Company I Mid Cap Strategic Growth Fund	Mutual Fund		214,664
*	VALIC Company I NASDAQ-100(R) Index Fund	Mutual Fund		117,484
*	VALIC Company I Science & Technology Fund	Mutual Fund		863,390
	VALIC Company I Small Cap Growth Fund	Mutual Fund		12,990
*	VALIC Company I Small Cap Index Fund	Mutual Fund		213,505
*	VALIC Company I Small Cap Special Value Fund	Mutual Fund		96,328
*	VALIC Company I Stock Index Fund	Mutual Fund		1,400,795
*	VALIC Company I Systematic Core Fund	Mutual Fund		22,086
*	VALIC Company I Systematic Growth Fund	Mutual Fund		88
*	VALIC Company II Aggressive Growth Lifestyle Fund	Mutual Fund		142,745
*	VALIC Company II Core Bond Fund	Mutual Fund		200,257
*	VALIC Company II International Opportunities	Mutual Fund		967
*	VALIC Company II Mid Cap Value Fund	Mutual Fund		115,032
*	VALIC Company II Moderate Growth Lifestyle Fund	Mutual Fund		19,887
*	VALIC Company II Small Cap Value Fund	Mutual Fund		717
*	VALIC Company II Socially Responsible Fund	Mutual Fund		1,347
	Vanguard 500 Index Admiral	Mutual Fund		6,988,385
	Vanguard Explorer Value Inv	Mutual Fund		717,163
	Vanguard Extended Market Index Admiral	Mutual Fund		2,387,001
	Vanguard LifeStrategy Growth Fund	Mutual Fund		86,118

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

		(c) Description of		
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Collateral, Par or Maturity Value	Cost	Current Value
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund		\$ 354
	Vanguard Long-Term Investment-Grade Fund	Mutual Fund		51,170
	Vanguard Long-Term Treasury Fund	Mutual Fund		1,837
	Vanguard Total Bond Market Index Admiral	Mutual Fund		3,391,677
	Vanguard Total International Stock Index Admiral	Mutual Fund		2,891,622
	Vanguard Wellington Fund	Mutual Fund		790,978
	Vanguard Windsor II Fund	Mutual Fund		1,362,876
	Total Mutual Funds			<u>42,861,465</u>
	Money Market			
	Goldman Sachs VIT Government Money Market Fund Inst	Money Market		<u>36,640</u>
	Pooled Separate Account			
*	TIAA Real Estate	Pooled Separate Account		<u>2,782,803</u>
	CREF Registered Investment Company			
*	CREF Stock R2	Registered Investment Company		14,390,941
*	CREF Growth R2	Registered Investment Company		3,958,986
*	CREF Equity Index R2	Registered Investment Company		2,813,442
*	CREF Global Equities R2	Registered Investment Company		2,101,036
*	CREF Social Choice R2	Registered Investment Company		1,583,892
*	CREF Money Market R2	Registered Investment Company		1,872,982
*	CREF Core Bond R2	Registered Investment Company		563,193
*	CREF Inflation-Linked Bond R2	Registered Investment Company		472,616
	Total CREF Registered Investment Company			<u>27,757,088</u>
	Unallocated Annuity Contracts, Non-Benefit Responsive			
*	TIAA Traditional Annuity, Non-Benefit Responsive	Unallocated Annuity Contract		<u>18,253,223</u>
*	TIAA Plan Loan Default Fund	Unallocated Annuity Contract		<u>53,008</u>
	Fixed Accounts:			
*	VALIC Fixed Account Plus	Unallocated Annuity Contract		2,425,475
*	VALIC Short-Term Fixed Account	Unallocated Annuity Contract		335,886
	Total Fixed Accounts			<u>2,761,361</u>
*	VALIC Loan Collateral and Escrow Fund	Unallocated Annuity Contract		<u>302,649</u>
	Total Unallocated Annuity Contracts, Non-Benefit Responsive			<u>21,370,241</u>
*	Participant Loan Fund	Participant Loans		
		Interest rates range from 4.25% to 9.50%		
		Maturity dates through 2029		<u>52,116</u>
	Total			<u>\$ 99,148,667</u>

* Represent a party-in-interest to the Plan.

** Cost information is not required as the investments are participant-directed.

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

Year	Participant Contributions Transferred Late to the Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Exemption (2002-51)
		Contributions			
		Contributions Not Corrected	Corrected	Contributions Pending Correction in VFCP	
			Outside		
			Voluntary Fiduciary Correction Program (VFCP)		
12/31/2025	\$ 34,098	\$ -	\$ -	\$ - *	\$ 34,098

* The Plan Administration corrected late contributions relating to Plan year 2025 in December 2025.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan ALBANY LAW SCHOOL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/01/1937
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) ALBANY LAW SCHOOL 80 NEW SCOTLAND AVENUE ALBANY NY 12208	2b Employer Identification Number (EIN) 14-1338309 2c Plan Sponsor's telephone number 518-445-2311 2d Business code (see instructions) 611000

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

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

SIGN HERE		09/08/2026	VICTOR E. RAUSCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 422
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) 118
a(2) Total number of active participants at the end of the plan year	6a(2) 110
b Retired or separated participants receiving benefits	6b 39
c Other retired or separated participants entitled to future benefits	6c 235
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 384
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 7
f Total. Add lines 6d and 6e	6f 391
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) 423
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) 391
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2L 2M 2T	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

Year	Participant Contributions Transferred Late to the Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Exemption (2002-51)
		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	
12/31/2025	\$ 34,098	\$ -	\$ -	\$ -	* \$ 34,098

* The Plan Administration corrected late contributions relating to Plan year 2025 in December 2025.

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

	(b)	(c)	(d) **	(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fully Benefit-Responsive Investments			
*	TIAA Traditional Benefit Responsive	Fully benefit-responsive investment, at contract value		\$ 3,610,542
*	TIAA Stable Value	Fully benefit-responsive investment, at contract value		677,772
				4,288,314
	Mutual Funds			
	American Funds EuroPacific Growth R6	Mutual Fund		1,946,819
	Ariel Appreciation Fund	Mutual Fund		5,323
	Ariel Fund	Mutual Fund		564,660
	BlackRock Total Return K	Mutual Fund		565,935
	Eaton Vance Atlanta Capital SMID Cap Fund R6	Mutual Fund		502,769
	JPMorgan Large Cap Growth R6	Mutual Fund		825,745
	Mutual Fund S Value Fund Class R6	Mutual Fund		1,441,001
*	TIAA-CREF Lifecycle 2010 Retirement	Mutual Fund		852,959
*	TIAA-CREF Lifecycle 2015 Retirement	Mutual Fund		49,757
*	TIAA-CREF Lifecycle 2020 Retirement	Mutual Fund		389,717
*	TIAA-CREF Lifecycle 2025 Retirement	Mutual Fund		1,377,576
*	TIAA-CREF Lifecycle 2030 Retirement	Mutual Fund		1,992,734
*	TIAA-CREF Lifecycle 2035 Retirement	Mutual Fund		3,658,993
*	TIAA-CREF Lifecycle 2040 Retirement	Mutual Fund		1,393,376
*	TIAA-CREF Lifecycle 2045 Retirement	Mutual Fund		1,305,808
*	TIAA-CREF Lifecycle 2050 Retirement	Mutual Fund		649,401
*	TIAA-CREF Lifecycle 2055 Retirement	Mutual Fund		421,721
*	TIAA-CREF Lifecycle 2060 Retirement	Mutual Fund		197,060
*	TIAA-CREF Lifecycle 2065 Retirement	Mutual Fund		45,998
*	TIAA-CREF Lifestyle Retirement Income	Mutual Fund		58,978
*	VALIC Company I Capital Appreciation Fund	Mutual Fund		62,366
*	VALIC Company I Asset Allocation Fund	Mutual Fund		15,730
*	VALIC Company I Dividend Value	Mutual Fund		122,524
*	VALIC Company I Emerging Economies	Mutual Fund		246,923
*	VALIC Company I Global Real Estate Fund	Mutual Fund		611
*	VALIC Company I Global Strategy Fund	Mutual Fund		10,323
*	VALIC Company I Government Securities Fund	Mutual Fund		51,442
*	VALIC Company I Growth Fund	Mutual Fund		615,109
*	VALIC Company I Inflation Protected Fund	Mutual Fund		57
*	VALIC Company I International Government Bond	Mutual Fund		132,171
*	VALIC Company I International Growth Fund	Mutual Fund		11,294
*	VALIC Company I International Socially Responsible Fund	Mutual Fund		5,882
*	VALIC Company I International Value Fund	Mutual Fund		4,731
*	VALIC Company I Internatl Equities Index Fund	Mutual Fund		166,291
*	VALIC Company I Large Capital Growth Fund	Mutual Fund		447,441
*	VALIC Company I Mid Cap Index Fund	Mutual Fund		630,777
*	VALIC Company I Mid Cap Strategic Growth Fund	Mutual Fund		214,664
*	VALIC Company I NASDAQ-100(R) Index Fund	Mutual Fund		117,484
*	VALIC Company I Science & Technology Fund	Mutual Fund		863,390
	VALIC Company I Small Cap Growth Fund	Mutual Fund		12,990
*	VALIC Company I Small Cap Index Fund	Mutual Fund		213,505
*	VALIC Company I Small Cap Special Value Fund	Mutual Fund		96,328
*	VALIC Company I Stock Index Fund	Mutual Fund		1,400,795
*	VALIC Company I Systematic Core Fund	Mutual Fund		22,086
*	VALIC Company I Systematic Growth Fund	Mutual Fund		88
*	VALIC Company II Aggressive Growth Lifestyle Fund	Mutual Fund		142,745
*	VALIC Company II Core Bond Fund	Mutual Fund		200,257
*	VALIC Company II International Opportunities	Mutual Fund		967
*	VALIC Company II Mid Cap Value Fund	Mutual Fund		115,032
*	VALIC Company II Moderate Growth Lifestyle Fund	Mutual Fund		19,887
*	VALIC Company II Small Cap Value Fund	Mutual Fund		717
*	VALIC Company II Socially Responsible Fund	Mutual Fund		1,347
	Vanguard 500 Index Admiral	Mutual Fund		6,988,385
	Vanguard Explorer Value Inv	Mutual Fund		717,163
	Vanguard Extended Market Index Admiral	Mutual Fund		2,387,001
	Vanguard LifeStrategy Growth Fund	Mutual Fund		86,118

Albany Law School Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2025

EMPLOYER ID NO: 14-1338309, PLAN #: 001

		(c)		
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Collateral, Par or Maturity Value	Cost	Current Value
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund		\$ 354
	Vanguard Long-Term Investment-Grade Fund	Mutual Fund		51,170
	Vanguard Long-Term Treasury Fund	Mutual Fund		1,837
	Vanguard Total Bond Market Index Admiral	Mutual Fund		3,391,677
	Vanguard Total International Stock Index Admiral	Mutual Fund		2,891,622
	Vanguard Wellington Fund	Mutual Fund		790,978
	Vanguard Windsor II Fund	Mutual Fund		1,362,876
	Total Mutual Funds			42,861,465
	Money Market			
	Goldman Sachs VIT Government Money Market Fund Inst	Money Market		36,640
	Pooled Separate Account			
*	TIAA Real Estate	Pooled Separate Account		2,782,803
	CREF Registered Investment Company			
*	CREF Stock R2	Registered Investment Company		14,390,941
*	CREF Growth R2	Registered Investment Company		3,958,986
*	CREF Equity Index R2	Registered Investment Company		2,813,442
*	CREF Global Equities R2	Registered Investment Company		2,101,036
*	CREF Social Choice R2	Registered Investment Company		1,583,892
*	CREF Money Market R2	Registered Investment Company		1,872,982
*	CREF Core Bond R2	Registered Investment Company		563,193
*	CREF Inflation-Linked Bond R2	Registered Investment Company		472,616
	Total CREF Registered Investment Company			27,757,088
	Unallocated Annuity Contracts, Non-Benefit Responsive			
*	TIAA Traditional Annuity, Non-Benefit Responsive	Unallocated Annuity Contract		18,253,223
*	TIAA Plan Loan Default Fund	Unallocated Annuity Contract		53,008
	Fixed Accounts:			
*	VALIC Fixed Account Plus	Unallocated Annuity Contract		2,425,475
*	VALIC Short-Term Fixed Account	Unallocated Annuity Contract		335,886
	Total Fixed Accounts			2,761,361
*	VALIC Loan Collateral and Escrow Fund	Unallocated Annuity Contract		302,649
	Total Unallocated Annuity Contracts, Non-Benefit Responsive			21,370,241
*	Participant Loan Fund	Participant Loans		
		Interest rates range from 4.25% to 9.50%		
		Maturity dates through 2029		52,116
	Total			\$ 99,148,667

* Represent a party-in-interest to the Plan.

** Cost information is not required as the investments are participant-directed.