Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ 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
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/21/1921

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)
TRUSTEES OF MOUNT HOLYOKE COLLEGE

50 COLLEGE ST
SOUTH HADLEY, MA 01075-1461

50 COLLEGE ST
SOUTH HADLEY, MA 01075

2b Employer Identification Number (EIN)
04-2103578

2c Plan Sponsor's telephone number
413-538-2713

2d Business code (see instructions)
611000

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

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

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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3001
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)**	1373
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1407
b	Retired or separated participants receiving benefits	**6b**	32
c	Other retired or separated participants entitled to future benefits	**6c**	1497
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2936
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	23
f	Total. Add lines **6d** and **6e**.	**6f**	2959
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)**	2815
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)**	2834
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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	104136	1040	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
0	0

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	69406768
5	Current value of plan's interest under this contract in separate accounts at year end	5	110629106

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	70845598
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2963839		
	(4) Transferred from separate account	7c(4)	6942089		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	9905928
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	80751526
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4374601		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	6908813		
	(4) Other (specify below)	7e(4)	61344		
	▶ PLAN TO PLAN TRANSFER				
	(5) Total deductions			7e(5)	11344758
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	69406768

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666335	1847	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
30000	1708

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

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

MARY ELLEN F GORDON
1 ORANGE WAY
WINDSOR, CT 06095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30000	1708	ALLOCATED NON-CASH COMP	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11173989
5	Current value of plan's interest under this contract in separate accounts at year end	5	255363195

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	10494861
c	Additions: (1) Contributions deposited during the year	7c(1)	254746		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	193853		
	(4) Transferred from separate account	7c(4)	813004		
	(5) Other (specify below)	7c(5)	11638		
	▶ PLAN TO PLAN TRANSFERS AND OTHER				
	(6)Total additions			7c(6)	1273241
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	11768102
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	583768		
	(2) Administration charge made by carrier	7e(2)	10345		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	594113
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11173989

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

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).. . . . . [X] 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
730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

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

VOYA RETIRMENT INS & ANNUITY CO

71-0294708

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

MP P.C.

ONE MONARCH PLACE, SUITE 900
SPRIGFIELD, MA 01144

04-3191789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	AUDIT FEES	48300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SERVICE PROVIDER	22000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANGELL PENSION GROUP

04-2530412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SERVICE PROVIDER	9419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORD KEEPER	1617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VOYA RETIRMENT INS & ANNUITY CO	64	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA RETIREMENT INS &ANNUITY 71-0294708	RECORD-KEEPING FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	4340257

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RETIREMENT INS & ANNUITY CO

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

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)
71-0294708-000	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

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)		396481
(2) Participant contributions	1b(2)		14058
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1229713	1514342
(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)	662272	879208
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4956507	4340257
(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)	334194027	379346020
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	81340458	80580757
(15) Other	1c(15)	621994	232759

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	423004971	467303882
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 through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	423004971	467303882

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)	8747819	
(B) Participants	2a(1)(B)	6623794	
(C) Others (including rollovers)	2a(1)(C)	4256883	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19628496
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	53588	
(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)	37167	
(F) Other	2b(1)(F)	3157598	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3248353
(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)	13276587	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13276587
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		188152
(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)		41301934
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		77643522
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33543903	
(2) To insurance carriers for the provision of benefits	2e(2)	728942	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34272845
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)		
(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)	316799	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		316799
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34589644
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		43053878
l Transfers of assets:			
(1) To this plan	2l(1)		1245033
(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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MP P.C **(2)** EIN: 04-3191789

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		1498777
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF MOUNT HOLYOKE COLLEGE

D Employer Identification Number (EIN)
04-2103578

Part I Distributions

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

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

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

EIN(s): 13-1624203 71-0294708

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Mount Holyoke College
Defined Contribution Retirement Plan

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

We were engaged to perform an audit of the accompanying financial statements of Mount Holyoke College Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan, level; therefore, management has not maintained, and TIAA did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the accompanying financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 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 accompanying financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Supplemental Schedule Required by ERISA

The supplemental schedules of Schedule H, line 4a-Schedule of Delinquent Participant Contributions and Schedule H, line 4i-Schedule of Assets (Held At End of Year) 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.



Springfield, Massachusetts
October 13, 2026

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
		Guaranteed Investment Contracts		
*	TIAA	TIAA Traditional Benefit Responsive	**	$ 4,800,863
*	TIAA	TIAA Traditional Non-Benefit Responsive	**	64,605,905
*	VOYA	Fixed Plus Account III	**	11,173,989
				80,580,757
		Pooled Separate Account		
*	TIAA	Real Estate	**	4,340,257
				4,340,257
		Registered Investment Companies		
		Variable annuity contracts		
*	CREF	Core Bond R2	**	3,861,288
*	CREF	Global Equities R2	**	13,180,174
*	CREF	Growth R2	**	10,152,485
*	CREF	Inflation-Linked Bond R2	**	1,915,403
*	CREF	Money Market R2	**	2,589,891
*	CREF	Responsible Balanced R2	**	8,612,901
*	CREF	S&P 500 Index R2	**	8,712,591
*	CREF	Total Global Stock R2	**	57,264,115
		Mutual funds		
*	Fidelity	500 Index Adv	**	451,659
*	Fidelity	Asset Manager 50%	**	301,851
*	Fidelity	Asset Manager 60%	**	4,558
*	Fidelity	Asset Manager 70%	**	15,307
*	Fidelity	Asset Manager 85%	**	30,916
*	Fidelity	Balanced	**	744,343
*	Fidelity	Blue Chip Growth	**	1,300,059
*	Fidelity	Blue Chip Value	**	17,096
*	Fidelity	Canada	**	25,015
*	Fidelity	Capital Appreciation	**	3,383
*	Fidelity	Capital & Income	**	129,550
*	Fidelity	China Region	**	2,032
*	Fidelity	Contrafund	**	850,931
*	Fidelity	Convertible Sec	**	24,882
*	Fidelity	Disciplined Equity	**	35,927

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	Diversified International	**	$ 37,906
*	Fidelity	Dividend Growth	**	415,509
*	Fidelity	Emerging Asia	**	63,326
*	Fidelity	Emerging Markets	**	2,167,096
*	Fidelity	Emerging Markets Index	**	60,731
*	Fidelity	Equity Div Income	**	88,519
*	Fidelity	Equity Income	**	67,341
*	Fidelity	Europe	**	58,098
*	Fidelity	Extended Market Index	**	62,083
*	Fidelity	Fidelity Fund	**	54,200
*	Fidelity	Floating Rate High Income	**	98,105
*	Fidelity	Focused High Income	**	2,683
*	Fidelity	Freedom 2010	**	46,098
*	Fidelity	Freedom 2015	**	90,265
*	Fidelity	Freedom 2020	**	79,667
*	Fidelity	Freedom 2025	**	353,119
*	Fidelity	Freedom 2030	**	2,105,613
*	Fidelity	Freedom 2035	**	426,637
*	Fidelity	Freedom 2040	**	1,300,659
*	Fidelity	Freedom 2045	**	213,215
*	Fidelity	Freedom 2050	**	418,027
*	Fidelity	Freedom Retire	**	11,022
*	Fidelity	GNMA	**	14,965
*	Fidelity	Government Cash Reserve	**	563,790
*	Fidelity	Government Money Market	**	441,692
*	Fidelity	Government Money Market PRM	**	143,112
*	Fidelity	Growth & Income	**	463,170
*	Fidelity	Growth Company	**	1,093,051
*	Fidelity	Growth Discovery	**	77,444
*	Fidelity	Growth Strategies	**	454,478
*	Fidelity	High Income	**	55,489
*	Fidelity	Intermediate Bond	**	68,708
*	Fidelity	Intermediate TR Bond Index	**	14,974
*	Fidelity	International Capital Appreciation	**	122,952
*	Fidelity	International Discovery	**	43,441

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	International Index Advantage	**	$ 64,815
*	Fidelity	International Real Estate	**	2,387
*	Fidelity	International Small Cap	**	23,798
*	Fidelity	Invest Growth Bd	**	60,396
*	Fidelity	Large Cap Stock	**	57,816
*	Fidelity	Leveraged Co Stock	**	13,583
*	Fidelity	Low Pr Stock	**	126,597
*	Fidelity	Long-Term Treasury Bond Index	**	26,688
*	Fidelity	Magellan	**	1,395,351
*	Fidelity	Mega Cap Stock	**	86,789
*	Fidelity	Mid Cap Index	**	40,678
*	Fidelity	Mid Cap Stock	**	175,955
*	Fidelity	Mid Cap Value	**	9,066
*	Fidelity	New Markets Income	**	29,871
*	Fidelity	New Millennium	**	232,976
*	Fidelity	Nordic	**	94,926
*	Fidelity	OTC Portfolio	**	1,338,072
*	Fidelity	Overseas	**	95,772
*	Fidelity	Puritan	**	523,960
*	Fidelity	Real Estate Inc	**	67,498
*	Fidelity	Real Estate Index	**	37,539
*	Fidelity	Real Estate Invs	**	28,056
*	Fidelity	Small Cap Discovery	**	37,094
*	Fidelity	Small Cap Growth	**	20,825
*	Fidelity	Small Cap Index	**	74,683
*	Fidelity	Small Cap Stock	**	30,922
*	Fidelity	Small Cap Value	**	4,913
*	Fidelity	Short-Term Treasury Bond Index Fund	**	62,993
*	Fidelity	Stock Selection Mid Cap	**	11,736
*	Fidelity	Stock Selection Small Cap	**	87,853
*	Fidelity	Stock Selection Large Cap	**	7,864
*	Fidelity	Strategic Income	**	72,703
*	Fidelity	Telecom & Utilities	**	7,223

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	Total Bond	**	$ 26,847
*	Fidelity	Total Market Index Advantage	**	66,685
*	Fidelity	US Bond Index Adv	**	94,264
*	Fidelity	US Treasury Only Money Market	**	365,749
*	Fidelity	Value	**	147,562
*	Fidelity	Value Discovery	**	25,079
*	Fidelity	Worldwide	**	4,202
*	Fidelity	Multi Asset Index	**	119,707
*	Fidelity	Global Comodity Stock	**	34,175
*	Fidelity	500 Index Fund	**	10,895,479
	DFA	Inflation Protected Securities Portfolio Ins	**	1,006,338
	Victory	Sycamore Established Value Fund	**	847,252
	BlackRock	Total Return Fund	**	5,165,598
	Calvert	Balanced Fund I	**	211,308
	DWS	Enhanced Core Equity S	**	2,329,630
	Gabelli	US Treasury Money Market Fund AAA	**	3,536,260
	PGIM	High Yield Fund R6	**	1,478,341
	MFS	Mid Cap Growth Fd R6	**	1,284,778
	iShares	MSCI EAFE Index Fund K	**	4,137,594
	T. Rowe Price	Retirement 2005 Fund	**	1,517,435
	T. Rowe Price	Retirement 2010 Fund	**	3,998,551
	T. Rowe Price	Retirement 2015 Fund	**	10,825,238
	T. Rowe Price	Retirement 2020 Fund	**	19,121,440
	T. Rowe Price	Retirement 2025 Fund	**	28,112,124
	T. Rowe Price	Retirement 2030 Fund	**	26,211,622
	T. Rowe Price	Retirement 2035 Fund	**	32,551,535
	T. Rowe Price	Retirement 2040 Fund	**	33,501,177
	T. Rowe Price	Retirement 2045 Fund	**	20,485,734
	T. Rowe Price	Retirement 2050 Fund	**	15,359,653
	T. Rowe Price	Retirement 2055 Fund	**	8,009,758
	T. Rowe Price	Retirement 2060 Fund	**	3,488,961
	T. Rowe Price	Retirement 2065 Fund	**	509,825
	Vanguard	Mid-Cap Index Fund Adm	**	4,250,209
	Vanguard	Small-Cap Index Fund Admiral	**	3,883,882
	Vanguard	Equity Income Fund Adm	**	3,241,687

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
	JPMorgan	Growth Advantage Fund R6	**	$ 6,176,465
	Cohen & Steers	Real Estate Securities Fund, Class Z	**	883,278
				380,860,362
	Charles Schwab	PCRA Self-Directed Brokerage Account		232,759
				232,759
*	Participant Loans	Interest ranging (2.70% - 6.20%)	-0-	879,208
		Total investments		$ 466,893,343

* - Related party/party-in-interest
** - All account balances are participant directed
-0- Costs not included

MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL STATEMENTS

for the years ended December 31, 2025 and 2024

MOUNT HOLYOKE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are omitted because of the absence of conditions under which the schedules are required.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Mount Holyoke College
Defined Contribution Retirement Plan

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

We were engaged to perform an audit of the accompanying financial statements of Mount Holyoke College Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan, level; therefore, management has not maintained, and TIAA did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the accompanying financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 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 accompanying financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Supplemental Schedule Required by ERISA

The supplemental schedules of Schedule H, line 4a-Schedule of Delinquent Participant Contributions and Schedule H, line 4i-Schedule of Assets (Held At End of Year) 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.



Springfield, Massachusetts
October 13, 2026

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 450,039,283	$ 406,611,687
Investments, at contract value	15,974,852	15,731,012
Total investments	466,014,135	422,342,699
Receivables:		
Participant contributions	14,058	
Employer contributions	396,481	
Notes receivable from participants	1,095,406	882,866
Total receivables	1,505,945	882,866
Total assets	467,520,080	423,225,565
Net assets available for benefits	$ 467,520,080	$ 423,225,565

See notes to financial statements.

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS		
Investment income:		
Interest	$ 3,211,186	$ 3,473,161
Dividends	13,276,587	7,843,004
Net appreciation in the fair value of investments	41,490,086	33,344,473
	57,977,859	44,660,638
Interest income on notes receivable from participants	37,167	33,076
Contributions:		
Participant contributions	6,623,794	5,992,520
Employer contributions	8,747,819	7,679,316
Rollover contributions	4,256,883	510,013
	19,628,496	14,181,849
Total net additions	77,643,522	58,875,563
DEDUCTIONS		
Benefits paid to participants	33,548,299	26,284,841
Annuity settlement options	728,942	3,004,368
Administrative expense	316,799	258,669
Total deductions	34,594,040	29,547,878
Net increase	43,049,482	29,327,685
Transfers in	1,245,033	245,433
Net assets available for benefits, beginning of year	423,225,565	393,652,447
Net assets available for benefits, end of year	$ 467,520,080	$ 423,225,565

See notes to financial statements.

1. *Description of the Plan*

The following brief description of the Mount Holyoke College Defined Contribution Retirement Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. In the event there is a conflict between information provided in this document and the benefit Plan documents, the terms of the Plan document will prevail. Net assets of the Plan are held by TIAA and CREF (collectively known as "TIAA"), Voya Institutional Trust Company ("VOYA"), and Fidelity Management Trust Company ("Fidelity"), qualified institutions.

General Information

Mount Holyoke College ("the College") established the Plan to provide employees with a systematic means of saving and investing for the future. All eligible employees of the College, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Plan Contributions

Participants may contribute the maximum amount allowed by law by means of payroll deductions, as described in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The College will make a contribution to the Plan equal to 10.5% of a participant's compensation. A participant is eligible to receive the College contribution after the participant reaches age 21 and has completed one year of service. The one-year service requirement may be waived for new employees with qualifying prior service at another higher education institution or the Alumnae Association of Mount Holyoke College. All participants are also required to contribute 5.0% of annual compensation that exceeds $40,000 when they reach age 21 and complete one year of service.

Participant Accounts

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

Vesting

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

Forfeited Accounts

Forfeited accounts can be used to reduce employer contributions or to pay for the Plan's administrative expenses. At December 31, 2025 and 2024, forfeited account balances were $21,900 and $21,519, respectively.

Notes Receivable from Participants

Participants may borrow from their VOYA funds a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest based at a commercially reasonable rate of interest. Principal and interest is paid ratably through payroll deductions. There are also provisions for disaster loans.

Plan Loans

Plan loans were available to participants and were issued directly from funds owned by TIAA and not directly from a participant's account. Adequate security is required and a portion of the participant's account is held in collateral in the TIAA Traditional Annuity account to cover 110% of the outstanding loan in case of default. Participants were able to borrow, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 45 percent of the present value of the vested accrued benefit. Loan terms range from 1-5 years or 10 years for the purchase of a primary residence. The loans bear interest at a variable rate and are subject to change based on the Moody's Corporate Bond yield average. Principal and interest are paid ratably by the participant directly to TIAA. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan.

Plan loans are not shown in the Plan's statements of net assets available for benefits as these loans are not made from Plan assets and therefore not considered assets of the Plan, unless the loan is in default.

One loan balance is outstanding from TIAA to the Plan's participants as of December 31, 2025 and 2024 totaling $9,339 and $8,875, respectively. At December 31, 2025 and 2024 this balance was in default and subject to repayment from participant's accounts at the time of distribution.

Payment of Benefits

Upon death, disability, termination, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or other form permitted by the Plan at the participant's discretion. There are also provisions for early retirement, hardship benefits, in-service distributions, qualified disaster distributions, and qualified birth and adoption distributions.

Annual Reporting Requirements

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

2. *Summary of Significant Accounting Policies*

Basis of Accounting

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

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

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024 as participant loans are fully collateralized by the participant's vested account balance. Delinquent participant loans are recorded as deemed distributions on the basis of the terms of the Plan agreement and Internal Revenue Service (IRS) regulations.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The College's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

Benefit Payments

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the College. Expenses that are paid by the College are excluded from these financial statements. Fees related to the administration of the Plan are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Date of Management's Review

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued, see Note 14.

3. Certified Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA, VOYA, and Fidelity.

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

4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Fair Value Measurements, continued

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 or 2024.

Guaranteed investment contract: Invested in fixed annuity contracts and are valued at fair value by TIAA and VOYA by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 5).

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Money market funds are valued at amortized cost.

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

Fair Value Measurements, continued

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

Description	Level 1	Level 2	Level 3	12/31/2025
Guaranteed investment contracts			$ 64,605,905	$ 64,605,905
Pooled separate account		$ 4,340,257		4,340,257
Registered investment companies:				
Mutual funds	$ 274,571,514			274,571,514
Variable annuity contracts		106,288,848		106,288,848
Self-directed brokerage account	232,759			232,759
Investments at fair value	$ 274,804,273	$ 110,629,105	$ 64,605,905	$ 450,039,283

Description	Level 1	Level 2	Level 3	12/31/2024
Guaranteed investment contracts			$ 65,609,446	$ 65,609,446
Pooled separate account		$ 4,956,507		4,956,507
Registered investment companies:				
Mutual funds	$ 233,496,663			233,496,663
Variable annuity contracts		101,927,077		101,927,077
Self-directed brokerage account	621,994			621,994
Investments at fair value	$ 234,118,657	$ 106,883,584	$ 65,609,446	$ 406,611,687

Changes in Fair Value of Level 3 Assets

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

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

Fair Value Measurements, continued

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2025 and 2024:

	2025 Guaranteed Investment Contract	2024 Guaranteed Investment Contract
Purchases	$ 7,650,103	$ 5,544,063
Issuances	(10,649,710)	(10,183,777)

Transfers between levels: There were no transfers in and/or out of level 3 for investments measured at fair value on a recurring basis for the years ended December 31, 2025 and 2024.

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, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Guaranteed Investment Contract				
2025 Fair Value	2024 Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
$ 64,605,905	$ 65,609,446	Discounted cash flow	Risk-adjusted discount rate applied	RA(*) 3.55-6.50%

(*) Retirement Annuity Contract

5. Guaranteed Investment Contracts

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

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

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

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

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), 2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or 5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Guaranteed Investment Contracts, continued

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include the following: 1) an uncured violation of the Plan's investment guidelines, 2) a breach of material obligation under the contract, 3) a material misrepresentation, and 4) a material amendment to the agreement without the consent of the issuer.

6. Related Party/Party-in-Interest Transactions

The Plan invests in unallocated insurance contracts, mutual funds, and annuities managed by the Plan's qualified institutions, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain employees and officers of the College, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. Certain Plan administrative expenses may be covered by the Plan, as stated in the Plan document.

The College is the Plan sponsor. The Plan Sponsor may pay certain expenses related to the Plan's operations and therefore is considered a party-in-interest.

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

The Angell Pension Group, a third-party administrator, provides administrative services to the Plan. As a provider of services to the Plan, these transactions qualify as party-in-interest transactions.

The Plan has a Reimbursement Expense Account (REA) between the College and VOYA. The revenue earned on this account is used to pay certain Plan expenses. If the revenue exceeds Plan expenses, such amounts will be allocated to the accounts of the participants. At December 31, 2025 and 2024, revenue sharing credits totaled $82,207 and $72,744, respectively.

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

7. Revenue Sharing

At December 31, 2025 and 2024, revenue sharing credit account balances totaled $41,819 and $42,202, respectively. During 2025, the net revenues earned amounted to $83,611, which includes $1,404 of earnings, and $83,994 was used to pay Plan expenses.

8. Plan Termination

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

9. Tax Status

The Plan operates under a pre-approved volume submitter plan document sponsored by The Angell Pension Group, Inc. The Angell Pension Group, Inc. received a favorable opinion letter from the IRS dated March 31, 2017, stating that the pre-approved plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and currently operating in compliance with the applicable requirements of the IRC, and therefore the Plan and related trust are exempt from federal income taxes under Section 501(a) of the IRC. Accordingly, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain position that may not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however there are currently no audits for any tax periods in progress.

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

11. *Reconciliation of Financial Statements to Form 5500*

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

	2025	2024
Net assets available for benefits per the financial statements	$ 467,520,080	$ 423,225,565
Less: deemed distributions	(216,198)	(220,594)
Net assets available for benefits per the Form 5500	$ 467,303,882	$ 423,004,971

	2025	2024
Benefits paid to participants per the financial statements	$ 33,548,299	$ 26,284,841
(Less) plus: deemed distributions	(4,396)	29,694
Benefits paid to participants per the Form 5500	$ 33,543,903	$ 26,314,535

12. *Prohibited Transactions*

During the Plan year ended December 31, 2024, the Plan experienced a nonexempt prohibited transaction under ERISA involving late remittances of participant contributions. Participant contributions totaling $1,498,777 were withheld from participant payroll but were not deposited into the Plan within the timeframes prescribed by Department of Labor ("DOL") regulations. As of December 31, 2025, the associated lost earnings (interest) had not yet been remitted to the Plan. Consequently, these late remittances are reported on the supplemental schedule – Schedule of Delinquent Participant Contributions (Schedule H, Line 4a) attached to the Plan's 2025 Form 5500.

13. *Other Matters*

Various operational errors were identified relating to computational and payroll coding errors that impacted participant contributions, required participant contributions, and employer matching contributions, as well as noncompliance with IRS limits. The College intends to correct these errors under the IRS's Employee Plans Compliance Resolution System (EPCRS) self-correction guidance as soon as administratively possible.

Management has evaluated the financial impact of the required corrective contributions and has recorded a corresponding receivable of $410,539 in the statement of net assets available for benefits as of December 31, 2025. The Plan sponsor remains committed to ongoing monitoring and timely resolution of any discrepancies to ensure compliance with Plan terms and regulatory requirements.

14. ***Subsequent Events***

Effective January 1, 2026, in-plan Roth rollovers and transfers are permitted under the Plan.

On January 26, 2026, the Plan Sponsor completed a voluntary self-correction by fully funding and remitting the required lost earnings to participant accounts in accordance with DOL guidelines.

Effective August 1, 2026, the College adjusted the discretionary non-elective employer contribution from 10.5% to 9.0% of a participant's compensation.

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
EIN: 04-2103578
Plan: 002
for the year ended December 31, 2025

Participant Contributions Transferred Late to the Plan			*Check here if Late Participant Loan Repayments Are Included*	*Total that Constitutes Nonexempt Prohibited Transactions*			*Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51*
Amount Withheld	*Date Withheld*	*Date Remitted*		*Contributions Not Corrected*	*Contributions Corrected Outside Voluntary Fiduciary Correction Program*	*Contributions Pending Correction in Voluntary Fiduciary Correction Program*	
$ 337,992	4/12/2024	4/25/2024	☐	$ 337,992			
277,063	4/15/2024	4/30/2024	☐	277,063			
358,993	5/10/2024	5/19/2024	☐	358,993			
388,673	5/24/2024	6/3/2024	☐	388,673			
136,056	6/18/2024	6/28/2024	☐	136,056			

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
		Guaranteed Investment Contracts		
*	TIAA	TIAA Traditional Benefit Responsive	**	$ 4,800,863
*	TIAA	TIAA Traditional Non-Benefit Responsive	**	64,605,905
*	VOYA	Fixed Plus Account III	**	11,173,989
				80,580,757
		Pooled Separate Account		
*	TIAA	Real Estate	**	4,340,257
				4,340,257
		Registered Investment Companies		
		Variable annuity contracts		
*	CREF	Core Bond R2	**	3,861,288
*	CREF	Global Equities R2	**	13,180,174
*	CREF	Growth R2	**	10,152,485
*	CREF	Inflation-Linked Bond R2	**	1,915,403
*	CREF	Money Market R2	**	2,589,891
*	CREF	Responsible Balanced R2	**	8,612,901
*	CREF	S&P 500 Index R2	**	8,712,591
*	CREF	Total Global Stock R2	**	57,264,115
		Mutual funds		
*	Fidelity	500 Index Adv	**	451,659
*	Fidelity	Asset Manager 50%	**	301,851
*	Fidelity	Asset Manager 60%	**	4,558
*	Fidelity	Asset Manager 70%	**	15,307
*	Fidelity	Asset Manager 85%	**	30,916
*	Fidelity	Balanced	**	744,343
*	Fidelity	Blue Chip Growth	**	1,300,059
*	Fidelity	Blue Chip Value	**	17,096
*	Fidelity	Canada	**	25,015
*	Fidelity	Capital Appreciation	**	3,383
*	Fidelity	Capital & Income	**	129,550
*	Fidelity	China Region	**	2,032
*	Fidelity	Contrafund	**	850,931
*	Fidelity	Convertible Sec	**	24,882
*	Fidelity	Disciplined Equity	**	35,927

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	Diversified International	**	$ 37,906
*	Fidelity	Dividend Growth	**	415,509
*	Fidelity	Emerging Asia	**	63,326
*	Fidelity	Emerging Markets	**	2,167,096
*	Fidelity	Emerging Markets Index	**	60,731
*	Fidelity	Equity Div Income	**	88,519
*	Fidelity	Equity Income	**	67,341
*	Fidelity	Europe	**	58,098
*	Fidelity	Extended Market Index	**	62,083
*	Fidelity	Fidelity Fund	**	54,200
*	Fidelity	Floating Rate High Income	**	98,105
*	Fidelity	Focused High Income	**	2,683
*	Fidelity	Freedom 2010	**	46,098
*	Fidelity	Freedom 2015	**	90,265
*	Fidelity	Freedom 2020	**	79,667
*	Fidelity	Freedom 2025	**	353,119
*	Fidelity	Freedom 2030	**	2,105,613
*	Fidelity	Freedom 2035	**	426,637
*	Fidelity	Freedom 2040	**	1,300,659
*	Fidelity	Freedom 2045	**	213,215
*	Fidelity	Freedom 2050	**	418,027
*	Fidelity	Freedom Retire	**	11,022
*	Fidelity	GNMA	**	14,965
*	Fidelity	Government Cash Reserve	**	563,790
*	Fidelity	Government Money Market	**	441,692
*	Fidelity	Government Money Market PRM	**	143,112
*	Fidelity	Growth & Income	**	463,170
*	Fidelity	Growth Company	**	1,093,051
*	Fidelity	Growth Discovery	**	77,444
*	Fidelity	Growth Strategies	**	454,478
*	Fidelity	High Income	**	55,489
*	Fidelity	Intermediate Bond	**	68,708
*	Fidelity	Intermediate TR Bond Index	**	14,974
*	Fidelity	International Capital Appreciation	**	122,952
*	Fidelity	International Discovery	**	43,441

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	International Index Advantage	**	$ 64,815
*	Fidelity	International Real Estate	**	2,387
*	Fidelity	International Small Cap	**	23,798
*	Fidelity	Invest Growth Bd	**	60,396
*	Fidelity	Large Cap Stock	**	57,816
*	Fidelity	Leveraged Co Stock	**	13,583
*	Fidelity	Low Pr Stock	**	126,597
*	Fidelity	Long-Term Treasury Bond Index	**	26,688
*	Fidelity	Magellan	**	1,395,351
*	Fidelity	Mega Cap Stock	**	86,789
*	Fidelity	Mid Cap Index	**	40,678
*	Fidelity	Mid Cap Stock	**	175,955
*	Fidelity	Mid Cap Value	**	9,066
*	Fidelity	New Markets Income	**	29,871
*	Fidelity	New Millennium	**	232,976
*	Fidelity	Nordic	**	94,926
*	Fidelity	OTC Portfolio	**	1,338,072
*	Fidelity	Overseas	**	95,772
*	Fidelity	Puritan	**	523,960
*	Fidelity	Real Estate Inc	**	67,498
*	Fidelity	Real Estate Index	**	37,539
*	Fidelity	Real Estate Invs	**	28,056
*	Fidelity	Small Cap Discovery	**	37,094
*	Fidelity	Small Cap Growth	**	20,825
*	Fidelity	Small Cap Index	**	74,683
*	Fidelity	Small Cap Stock	**	30,922
*	Fidelity	Small Cap Value	**	4,913
*	Fidelity	Short-Term Treasury Bond Index Fund	**	62,993
*	Fidelity	Stock Selection Mid Cap	**	11,736
*	Fidelity	Stock Selection Small Cap	**	87,853
*	Fidelity	Stock Selection Large Cap	**	7,864
*	Fidelity	Strategic Income	**	72,703
*	Fidelity	Telecom & Utilities	**	7,223

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Fidelity	Total Bond	**	$ 26,847
*	Fidelity	Total Market Index Advantage	**	66,685
*	Fidelity	US Bond Index Adv	**	94,264
*	Fidelity	US Treasury Only Money Market	**	365,749
*	Fidelity	Value	**	147,562
*	Fidelity	Value Discovery	**	25,079
*	Fidelity	Worldwide	**	4,202
*	Fidelity	Multi Asset Index	**	119,707
*	Fidelity	Global Comodity Stock	**	34,175
*	Fidelity	500 Index Fund	**	10,895,479
	DFA	Inflation Protected Securities Portfolio Ins	**	1,006,338
	Victory	Sycamore Established Value Fund	**	847,252
	BlackRock	Total Return Fund	**	5,165,598
	Calvert	Balanced Fund I	**	211,308
	DWS	Enhanced Core Equity S	**	2,329,630
	Gabelli	US Treasury Money Market Fund AAA	**	3,536,260
	PGIM	High Yield Fund R6	**	1,478,341
	MFS	Mid Cap Growth Fd R6	**	1,284,778
	iShares	MSCI EAFE Index Fund K	**	4,137,594
	T. Rowe Price	Retirement 2005 Fund	**	1,517,435
	T. Rowe Price	Retirement 2010 Fund	**	3,998,551
	T. Rowe Price	Retirement 2015 Fund	**	10,825,238
	T. Rowe Price	Retirement 2020 Fund	**	19,121,440
	T. Rowe Price	Retirement 2025 Fund	**	28,112,124
	T. Rowe Price	Retirement 2030 Fund	**	26,211,622
	T. Rowe Price	Retirement 2035 Fund	**	32,551,535
	T. Rowe Price	Retirement 2040 Fund	**	33,501,177
	T. Rowe Price	Retirement 2045 Fund	**	20,485,734
	T. Rowe Price	Retirement 2050 Fund	**	15,359,653
	T. Rowe Price	Retirement 2055 Fund	**	8,009,758
	T. Rowe Price	Retirement 2060 Fund	**	3,488,961
	T. Rowe Price	Retirement 2065 Fund	**	509,825
	Vanguard	Mid-Cap Index Fund Adm	**	4,250,209
	Vanguard	Small-Cap Index Fund Admiral	**	3,883,882
	Vanguard	Equity Income Fund Adm	**	3,241,687

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
EIN: 04-2103578
Plan: 002
December 31, 2025

(a)	*(b) Identity of Issue, Borrower, Lessor or Similar Party*	*(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
	JPMorgan	Growth Advantage Fund R6	**	$ 6,176,465
	Cohen & Steers	Real Estate Securities Fund, Class Z	**	883,278
				380,860,362
	Charles Schwab	PCRA Self-Directed Brokerage Account		232,759
				232,759
*	Participant Loans	Interest ranging (2.70% - 6.20%)	-0-	879,208
		Total investments		$ 466,893,343

* - Related party/party-in-interest
** - All account balances are participant directed
-0- Costs not included

MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
EIN: 04-2103578
Plan: 002
for the year ended December 31, 2025

Participant Contributions Transferred Late to the Plan			*Check here if Late Participant Loan Repayments Are Included*	*Total that Constitutes Nonexempt Prohibited Transactions*			*Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51*
Amount Withheld	*Date Withheld*	*Date Remitted*		*Contributions Not Corrected*	*Contributions Corrected Outside Voluntary Fiduciary Correction Program*	*Contributions Pending Correction in Voluntary Fiduciary Correction Program*	
$ 337,992	4/12/2024	4/25/2024	☐	$ 337,992			
277,063	4/15/2024	4/30/2024	☐	277,063			
358,993	5/10/2024	5/19/2024	☐	358,993			
388,673	5/24/2024	6/3/2024	☐	388,673			
136,056	6/18/2024	6/28/2024	☐	136,056			

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [ ] 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
MOUNT HOLYOKE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/21/1921

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)
TRUSTEES OF MOUNT HOLYOKE COLLEGE

50 COLLEGE ST

SOUTH HADLEY MA 01075-1461

2b Employer Identification Number (EIN) 04-2103578

2c Plan Sponsor's telephone number 413-538-2713

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		10/14/2026	CARL RIES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2026	CARL RIES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** 518611 01-15-26 Form **8955-SSA** (2025) Created 10/20/25

MHC 403b 2025 Form 5500 & 8955 Signature Pages

Final Audit Report 2026-10-14

Created:	2026-10-14
By:	Brooke Darling (bdarling@mass-cpa.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAL-GnVi5M3MjqtMmG7r0A-I1aHrEzBVL2

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