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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1941

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)
BARD COLLEGE

P.O. BOX 5000
ANNANDALE, NY 12504

2b Employer Identification Number (EIN)
14-1713034

2c Plan Sponsor's telephone number
845-758-7516

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.	10/15/2026	JEFFREY MEADE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JEFFREY MEADE
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3662
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)**	2534
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2349
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1169
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3518
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	3531
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)**	2523
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)**	2538
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 2S 2T 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 1
- **(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
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARD COLLEGE

D Employer Identification Number (EIN)
14-1713034

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	406588	1198	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	76497218
5	Current value of plan's interest under this contract in separate accounts at year end	5	129955035

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	74026281
c	Additions: (1) Contributions deposited during the year	7c(1)	1033323		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3097965		
	(4) Transferred from separate account	7c(4)	8241313		
	(5) Other (specify below)	7c(5)	366163		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6) Total additions			7c(6)	12738764
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	86765045
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6449143		
	(2) Administration charge made by carrier	7e(2)	179471		
	(3) Transferred to separate account	7e(3)	3633408		
	(4) Other (specify below)	7e(4)	5805		
	▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS				
	(5) Total deductions			7e(5)	10267827
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	76497218

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
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARD COLLEGE

D Employer Identification Number (EIN)
14-1713034

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

13-1624203

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

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	359834	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ONEDIGITAL INVESTMENT ADVISORS

82-1434504

(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?
27 50	NONE	83394	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCDERMOTT WILL & SCHULTE LLP

13-2633996

(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?
29 50	NONE	40397	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)

VEDDER PRICE, PC

36-3254526

(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?
29 50	NONE	37275	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1713034

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	6930994

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARD COLLEGE

D Employer Identification Number (EIN)
14-1713034

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)	385629	371357
(2) Participant contributions	1b(2)	286649	292479
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	556172	501056
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7393756	6930994
(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)	296759398	341451698
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	74026281	76497218
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	379407885	426044802
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	379407885	426044802

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)	9782549	
(B) Participants	2a(1)(B)	7383369	
(C) Others (including rollovers)	2a(1)(C)	1088996	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		18254914
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	39217	
(F) Other	2b(1)(F)	3097965	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3137182
(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)	9449036	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9449036
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		274698
(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)		41827180
c Other income	2c		495770
d Total income. Add all **income** amounts in column (b) and enter total	2d		73438780
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24383794	
(2) To insurance carriers for the provision of benefits	2e(2)	1896056	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		26279850
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)	3884	
(3) Recordkeeping fees	2i(3)	355950	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	83394	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	77672	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1113	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		522013
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26801863
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		46636917
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [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: BST GALLAGHER FLYNN LLP **(2)** EIN: 14-1442607

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		14133
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
BARD COLLEGE/SIMON'S ROCK 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARD COLLEGE

D Employer Identification Number (EIN)
14-1713034

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 82-2826183

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** 136

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Bard College/Simon's Rock 403(b) Plan

Financial Statements
December 31, 2025 and 2024

Bard College/Simon's Rock 403(b) Plan

Financial Statements
December 31, 2025 and 2024

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Independent Auditor's Report

Board of Trustees
Bard College/Simon's Rock 403(b) Plan

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

We were engaged to perform audits of the financial statements of the Bard College/Simon's Rock 403(b) Plan (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, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 7 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2025 and the supplemental schedule of assets (held at end of year) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 matters 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.

BST Gallagher Flynn LLP

Latham, New York
October 12, 2026

Bard College/Simon's Rock 403(b) Plan

Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
ASSETS		
Investments, at fair value	$ 416,310,392	$ 368,935,183
Fully benefit-responsive investment contract, at contract value	8,569,518	9,244,252
	424,879,910	378,179,435
Receivables		
Participant notes	501,056	556,172
Participant contributions	292,479	286,649
Employer contributions	371,357	385,629
	1,164,892	1,228,450
Total net assets available for benefits	**$ 426,044,802**	**$ 379,407,885**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Bard College/Simon's Rock 403(b) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2025	**2024**
ADDITIONS		
Investment income		
Interest and dividends	$ 10,044,857	$ 7,803,711
Net appreciation in fair value of investments	44,567,831	33,427,691
	54,612,688	41,231,402
Interest on participant notes receivable	37,587	43,111
Other income		
Plan servicing credit	533,591	411,580
Contributions		
Participants	7,383,369	7,119,348
Employer	9,782,549	9,422,164
Rollovers	1,088,996	2,726,796
	18,254,914	19,268,308
Total additions	73,438,780	60,954,401
DEDUCTIONS		
Benefits paid	26,279,850	24,119,751
Administrative expenses	522,013	528,419
Total deductions	26,801,863	24,648,170
Net increase in net assets available for benefits	**46,636,917**	**36,306,231**
NET ASSETS AVAILABLE FOR BENEFITS, ***beginning of year***	379,407,885	343,101,654
NET ASSETS AVAILABLE FOR BENEFITS, ***end of year***	**$ 426,044,802**	**$ 379,407,885**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Note 1. Description of the Plan

The Bard College/Simon's Rock 403(b) Plan (Plan) was established on January 1, 1941. The Plan is sponsored by Bard College (College) and Bard College at Simon's Rock (Simon's Rock).

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan provisions.

a. General

The Plan is a defined contribution plan covering all eligible employees of the College and Simon's Rock. Effective January 1, 2009, the Plan was amended and restated to meet the provisions of the Employee Retirement Security Act of 1974 (ERISA). Prior to January 1, 2009, the Plan functioned and operated as a non-ERISA plan. All assets of the Plan prior to January 1, 2009 do not meet the ERISA requirements for annual reporting purposes and are not reported in these financial statements.

The Plan assets are held by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF), the Custodian of the Plan. The College's and Simon's Rock's contributions, participant elective deferrals, and participant accounts are also held by the Custodian, which invests cash received and income from investments based on written instructions from the College, Simon's Rock, and participants, and makes distributions to participants. The Plan Trustees are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

The Plan includes provisions by personnel category and/or by participating employer.

b. Contributions

Participants may contribute a percentage of their pre-tax annual compensation (except under the provisions for Bard College administration), subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). The maximum participant deferral was $23,500 and $23,000 for the years ended December 31, 2025 and 2024, respectively. Additional provisions, by respective personnel category and/or participating employer, are as follows:

Provisions for Bard College faculty: In addition to pre-tax deferrals, participants may contribute after-tax Roth contributions to the Plan. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Each year, the College may make discretionary matching contributions to qualifying participants equal to 12.5% of eligible compensation if the employee contributes 2.5% of their base compensation.

Provisions for Bard College administration: Participant deferrals are not allowed, other than rollover amounts representing distributions from other qualified plans.

The College may make a discretionary employer contribution each year equal to 10% of eligible compensation to qualifying participants.

Additional provisions for Bard College faculty and administration: Upon hire, all eligible Bard College administration employees are automatically enrolled to contribute 2.5% of their compensation each payroll period, subject to automatic deferral percentage increases of 0.5% occurring annually on July 1, up to a maximum of 5% of compensation.

Note 1. Description of the Plan (Continued)

b. Contributions (Continued)

In addition to pre-tax deferrals, participants may contribute after-tax Roth contributions to the Plan. Participants age 50 and over are also eligible to make catch-up contributions up to a maximum of $7,500 for both years ended December 31, 2025 and 2024. Beginning in 2025, the maximum catch-up contribution limit is $11,250 for participants who are aged 60 to 63 at the end of the Plan year. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Provisions for Simon's Rock employees: Upon hire, all eligible Simon's Rock employees are automatically enrolled to contribute 2.5% of their compensation each payroll period, subject to automatic deferral percentage increases of 0.5% occurring annually on July 1, up to a maximum of 5% of compensation.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to a maximum of $7,500 for the years ended December 31, 2025 and 2024. Beginning in 2025, the maximum catch-up contribution limit is $11,250 for participants who are aged 60 to 63 at the end of the Plan year. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Simon's Rock may make a discretionary employer contribution to eligible participants equal to 10% of the participants' eligible compensation, which is determined annually by Simon's Rock's Board of Trustees.

c. Plan Eligibility

Provisions for Bard College faculty: An employee of the College becomes eligible to participate in the Plan with respect to employee elective deferrals on the first day of any month following the commencement of employment. An employee becomes eligible for an employer contribution after reaching the age of 21 and completing one year of service in which the employee worked at least 1,000 hours. Nonresident aliens and student workers are not eligible to participate in the Plan. Employees who are hired with the expectation to work fewer than 1,000 hours per year are not eligible to participate in the Plan with respect to the employer contributions.

Provisions for Bard College administration: An employee of the College becomes eligible for an employer contribution from the College after reaching the age of 21 and completing two years of service in which the employee worked at least 1,000 hours during each year. Nonresident aliens, employees covered by a collective bargaining agreement, and student workers are not eligible to receive employer contributions, except for certain employees who are covered under the Environmental Services Bargaining Agreement. Employees who are hired with the expectation to work fewer than 1,000 hours per year are not eligible to participate in the Plan.

Additional provisions for Bard College faculty and administration: An employee of the College becomes eligible to participate in the tax-deferred annuity provisions of the Plan on the first day of the month following the commencement of employment. There is no age requirement. Nonresident aliens and student workers are not eligible to participate in the Plan.

Provisions for Simon's Rock employees: Employees of Simon's Rock are eligible to participate in the Plan with respect to employee deferrals immediately upon hire. An employee becomes eligible for an employer contribution after reaching the age of 21 and completing two years of service in which the employee worked at least 1,000 hours during each year. Student workers, nonresident aliens, visiting faculty, and employees who ordinarily work less than 20 hours per week are not eligible for the Plan. For purposes of determining eligibility, service with other institutions of higher education is considered.

Note 1. Description of the Plan (Continued)

d. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of: (a) the College's and Simon's Rock's discretionary contributions, if any, and (b) Plan earnings (losses); and charged with an allocation of administrative expenses, if any, that are incurred by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

e. Vesting

Provisions for Bard College faculty: Participants are immediately vested in their voluntary contributions, the College's discretionary matching contributions, and accumulated earnings thereon.

Provisions for Bard College administration: Participants are immediately vested in the College's discretionary employer contributions and accumulated earnings thereon.

Additional provisions for Bard College faculty and administration: Participants are immediately vested in their voluntary contributions under the tax-deferred annuity provisions of the Plan and accumulated earnings thereon.

Provisions for Simon's Rock employees: Participants are immediately vested in their voluntary contributions, Simon's Rock's discretionary contributions, and accumulated earnings thereon.

f. Plan Loans and Participant Notes Receivable

Plan loans are allowed under the tax-deferred annuity provisions of the Plan for Bard College faculty and administration, as well as the provisions for Simon's Rock employees.

Prior to October 2018, Plan loans were issued directly from TIAA-CREF, the Custodian of the Plan, and not directly from a participant's account. As such, Plan loans are not part of Plan assets. Plan loans are secured by a portion of the participant's account, which is held as collateral to cover 110% of the outstanding loan in case of default. Participants could borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, subject to annuity contracts and Plan provisions. The interest rates for Plan loans are variable, and the initial rate is determined by the terms of the controlling contract. Principal and interest for Plan loans are paid directly to TIAA-CREF through regular payroll deductions. Plan loans directly with TIAA-CREF of $35,499 and $33,775 were outstanding as of December 31, 2025 and 2024, respectively.

Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

Beginning in October 2018, loans are issued directly from participants' accounts (participant notes receivable) and are reflected in the accompanying statements of net assets available for benefits. Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. In addition, the $50,000 limit is reduced by the highest outstanding loan balance (of any previous loans made) in the previous 12 months. The loans bear interest at a rate commensurate with local prevailing rates. In general, principal and interest are paid ratably over a period not to exceed five years through regular payroll deductions.

Note 1. Description of the Plan (Continued)

g. Payment of Benefits

Upon the termination of service, retirement, death, or total permanent disability, a participant (or beneficiary) may elect to receive a lump-sum distribution, partial distribution, annuity payments, or installment payments in the amount equal to the value of the participant's vested interest in his or her account or elect to rollover funds into an Individual Retirement Account or other retirement account. If a participant's account balance is $7,000 or less, it will be paid as a lump-sum distribution to the participant as soon as possible following termination, retirement or disability, or to the beneficiary following death.

Additional provisions, by respective personnel category and/or participating employer, are as follows:

Provisions for Bard College faculty: Participants are allowed in-service distributions of their elective account balances and the College's discretionary matching contributions upon reaching age 65 or in the event that the participant becomes disabled.

Provisions for Bard College administration: Participants are allowed in-service distributions of the College's discretionary non-elective contributions upon reaching age 59½ or in the event that the participant becomes disabled.

Additional provisions for Bard College faculty and administration and Simon's Rock employees: Prior to termination, participants under the tax-deferred annuity provisions of the Plan and Simon's Rock employees are allowed hardship distributions, subject to the provisions of the Plan, and in-service distributions of their elective account balances upon reaching age 59½, subject to the provisions of the Plan.

h. TIAA Traditional Annuity and Stable Value Fund

The Plan entered into an investment contract with TIAA. The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including Retirement Annuities (RA) and Retirement Choice Plus Annuities (RC). The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid.

During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest of 1% to 3% for RC and 3% for RA, and the potential for additional interest, if declared by TIAA. All guarantees are subject to TIAA's claims-paying ability. These additional amounts, when declared, remain in effect for the 12-month "declaration year" that begins each March 1 for accumulating annuities, and January 1 for lifetime-payout annuities; they are not guaranteed for future years. Together, the minimum and additional amounts make up the crediting interest rate.

The TIAA Traditional Annuity - Non-Benefit-Responsive is reported at contract value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals and transfers, if any. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. While transactions involving the purchases/sales of individual TIAA Traditional Annuity contracts are not observable in a public marketplace, contract value approximates fair value.

Note 1. Description of the Plan (Continued)

h. TIAA Traditional Annuity and Stable Value Fund (Continued)

TIAA issues various types of contracts as funding vehicles for retirement plans. Certain contract types contain liquidity restrictions on the redemption of TIAA Traditional Annuity accumulations, which could impact the value realized upon exiting the contract. If the TIAA Traditional Annuity balance exceeds $2,000, withdrawals and transfers out must be spread out in 10 annual installments for the RA contract. The RA contract provides for a 2.5% withdrawal fee if a participant separates from service and elects to withdraw accumulations within 120 days of separation. The impact of such an occurrence on the value of a plan's investment in TIAA Traditional Annuity would be minimal.

The Plan entered into an additional investment contract with TIAA. The TIAA Stable Value Fund is a fixed-rate group annuity contract. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest of between 1% and 3%, before deductions for contract fees, with the potential for crediting additional interest above the guaranteed minimum. Although the liability to provide contract guarantees and accumulations is backed by the assets in a separate account, any amount to be credited above the minimum guaranteed rate is determined by TIAA. Additional amounts of interest are not guaranteed for periods other than the periods for which they are declared. Contract holders and Plan participants do not participate in, and do not receive the earnings of, the assets in the separate account.

The TIAA Stable Value Fund is reported at contract value. The contract value of the TIAA Stable Value Fund equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals and transfers, if any. The TIAA Stable Value Fund is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. While transactions involving the purchases/sales of individual TIAA Stable Value Fund contracts are not observable in a public marketplace, contract value approximates fair value.

Direct transfers to competing funds in a plan's investment line-up are prohibited (industry standard "equity wash"). Transfers may be made to a competing fund following a 90-day waiting period after being transferred to a noncompeting fund. In addition, transfers into the TIAA Stable Value Fund may not be made for 30 days following a transfer out.

If the Plan terminates its investment in the TIAA Stable Value Fund contract, it could take up to two years to be paid the contract value of the investment. If the two-year payout applies, a discontinuance fee will be assessed, which could reduce the interest credited during the two-year period by, at most, 75 basis points.

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 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; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable. The guaranteed fixed-rate annuity group contract does not permit TIAA to terminate the agreement prior to the scheduled maturity date.

Note 2. Summary of Significant Accounting Policies

a. Basis of Accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

b. Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. 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 defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, Custodian, and insurance company.

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.

d. Contributions

Contributions from Plan participants and the matching contributions from the College and Simon's Rock are recorded in the year the employee contributions are withheld from compensation.

e. Participant Notes Receivable

Notes receivable from participants are stated 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. If a participant ceases to make loan repayments, the loan is deemed to be in default. Defaulted loan balances are taxable income to the participant in the year of default. Defaulted loans remain Plan assets until the loan is repaid or the participant has a distributable event. Loans treated as distributions totaled approximately $47,400 and $21,400 during the years ended December 31, 2025 and 2024, respectively.

f. Payment of Benefits

Benefits are recorded when paid.

g. Administrative Expenses

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

The Plan has a Plan servicing credit account that is credited quarterly based on investment performance. Administrative Plan expenses of approximately $161,100 and $221,900 for the years ended December 31, 2025 and 2024, respectively, were paid from the Plan servicing credit account. Allocations of approximately $182,800 and $183,500 were made to participant accounts for the years ended December 31, 2025 and 2024, respectively.

Note 2. Summary of Significant Accounting Policies (Continued)

g. Administrative Expenses (Continued)

Certain administrative expenses of the Plan may be paid directly by the College and Simon's Rock.

h. Subsequent Events

The Plan evaluated subsequent events for potential recognition and disclosure through October 12, 2026, the date the financial statements were available to be issued.

Note 3. Certified Investments

Certain information related to investments and participant notes disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and participant notes receivable held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest on participant notes receivable for the years then ended, was obtained by management and agreed to, or derived from, information certified as complete and accurate by the Custodian of the Plan.

Note 4. Fully Benefit-Responsive Investment Contract at Contract Value

The Plan has entered into a fixed-rate group annuity contract with TIAA (also see Note 1h). Contributions to the contract are used to purchase a contractual or guaranteed amount of future benefits for the participant that is fully and unconditionally guaranteed by the general assets of TIAA.

The contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals and adjusted for transfers, if any. The RA contract is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable.

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 financial obligations may be affected by future economic and regulatory developments. The Plan has provided no reserves against such contract value for credit risk of the contract issuer.

Note 5. Investments and 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 (Level 1) and the lowest priority to unobservable inputs (Level 3).

The following three levels of inputs may be used to measure fair value:

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

Note 5. Investments and Fair Value Measurements (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

TIAA Real Estate Fund: Valued at the market value of the underlying real estate holding or other real-estate-related investments, which is published daily on NASDAQ. The fund is not traded on this exchange. Real estate holdings are valued principally using external appraisals. The fund sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources.

CREF Variable Annuity Accounts: Valued based on the daily unit value published on NASDAQ. The fund is not traded on this exchange. Variable annuity accounts are valued at the accumulation unit value by CREF using quoted market values or values obtained from independent pricing services of its underlying investments. If market quotations or values from independent pricing services are not readily available, CREF determines the fair value in good faith using procedures approved by independent pricing services.

TIAA Stable Value Fund and TIAA Traditional Annuity - Non-Benefit-Responsive: Fixed annuity contracts are reported at contract value, which approximates fair value. The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals and transfers. Liquidity restrictions apply to the contracts that could impact the value realized upon exiting the contract. Specifically, the RA contract does not allow lump-sum cash withdrawals, and transfers must be spread out over 10 annual installments (five annual installments for withdrawals after the termination of employment).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Investments and Fair Value Measurements (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's assets measured at fair value:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 218,881,757	$ -	$ -	$ 218,881,757
TIAA Real Estate Fund	-	6,930,994	-	6,930,994
CREF Variable Annuity Accounts	122,569,941	-	-	122,569,941
TIAA Stable Value Fund	-	-	6,212,163	6,212,163
TIAA Traditional Annuity - Non-Benefit-Responsive	-	-	61,715,537	61,715,537
Total investments	$ 341,451,698	$ 6,930,994	$ 67,927,700	$ 416,310,392

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 182,131,625	$ -	$ -	$ 182,131,625
TIAA Real Estate Fund	-	7,393,756	-	7,393,756
CREF Variable Annuity Accounts	114,627,773	-	-	114,627,773
TIAA Stable Value Fund	-	-	5,338,932	5,338,932
TIAA Traditional Annuity - Non-Benefit-Responsive	-	-	59,443,097	59,443,097
Total investments	$ 296,759,398	$ 7,393,756	$ 64,782,029	$ 368,935,183

Note 5. Investments and Fair Value Measurements (Continued)

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

	TIAA Traditional Annuity, Non-Benefit-Responsive	TIAA Stable Value Fund
January 1, 2024 balance, beginning of year	$ 59,028,671	$ 5,085,566
Contributions	628,614	325,760
Plan servicing credit	30,308	218,516
Interest income	719,498	1,717
Realized gain	1,746,141	82,539
Unrealized gain	233,850	63,635
Withdrawals	(151)	(116,066)
Distributions	(2,703,262)	(453,551)
Annuity settlement options	(1,834,625)	(68,346)
Participant loans issued	-	(7,397)
Participant loan principal repayments	3,394	9,475
Fees	(5,257)	(230,899)
Transfers in	8,073,394	1,035,461
Transfers out	(6,477,478)	(607,478)
December 31, 2024 balance, end of year	59,443,097	5,338,932
Contributions	636,831	396,491
Plan servicing credit	25,794	315,585
Interest income	553,427	1,770
Realized gain	1,070,770	133,423
Unrealized gain	989,405	46,719
Withdrawals	(160)	(55,724)
Distributions	(2,101,406)	(1,459,694)
Annuity settlement options	(1,763,768)	(30,939)
Participant loans issued	-	(5,806)
Participant loan principal repayments	9,789	8,388
Fees	(7,580)	(171,891)
Transfers in	5,279,700	2,378,249
Transfers out	(2,420,362)	(683,340)
December 31, 2025 balance, end of year	$ 61,715,537	$ 6,212,163

Note 5. Investments and Fair Value Measurements (Continued)

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

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and ranges of values for those inputs:

	December 31, 2025			
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Fixed-Rate Annuity Contract - TIAA Traditional Annuity	$ 61,715,537	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Retirement Annuity Contract: 3.55%-6.50% Retirement Choice Contract: 3.80%-6.75%
Fixed-Rate Group Annuity Contract - TIAA Stable Value	6,212,163	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	1%-3%

	December 31, 2024			
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Fixed-Rate Annuity Contract - TIAA Traditional Annuity	$ 59,443,097	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Retirement Annuity Contract: 3.65%-6.50% Retirement Choice Contract: 3.90%-6.75%
Fixed-Rate Group Annuity Contract - TIAA Stable Value	5,338,932	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	1%-3%

Note 6. Related-Party and Party-in-Interest Transactions

The College and Simon's Rock did not pay any Plan expenses in connection with the administration of the Plan for the years ended December 31, 2025 or 2024.

Certain administrative functions are performed by employees of the College and Simon's Rock who do not receive compensation for such functions.

Certain Plan investments are managed by TIAA-CREF, the Custodian of the Plan.

Note 7. Orphan Contracts

The Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* (as clarified by Field Assistance Bulletin No. 2010-01), allows a plan administrator of a 403(b) plan to exclude certain contracts and accounts (Orphan Contracts) from plan assets for purposes of ERISA's annual reporting and audit requirements under specified conditions.

Note 7. Orphan Contracts (Continued)

Accordingly, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. The related investment income and distributions have also been excluded in the accompanying statements of changes in net assets available for benefits. These amounts relate to vendors other than TIAA-CREF to whom contributions were made prior to January 1, 2009. No contributions were made or allowed to vendors other than TIAA-CREF after January 1, 2009. The amounts of these excluded annuity and custodial accounts and the related income and distributions have not been determined, but management estimates that they may be material to the financial statements. U.S. GAAP requires that these excluded annuity and custodial accounts and the related income and distributions be included in the accompanying financial statements.

Note 8. Plan Termination

Although they have not expressed any intent to do so, the College and Simon's Rock have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Note 9. Tax Status

The Plan has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated August 7, 2017, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the IRC. Although the Plan has been amended since adopting the pre-approved plan document, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

The College and Simon's Rock have engaged TIAA to perform the compliance testing. The Plan has not yet received the results of the compliance testing for the year ended December 31, 2025. The College and Simon's Rock has evaluated the effect that any potential noncompliance would have on the financial statements and determined that it is immaterial.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events that could impact the values of investments, such as a pandemic or international conflict. 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 11. Non-Exempt Party-in-Interest Transactions

During the year ended December 31, 2024, the Plan sponsor failed to deposit a total of $14,133 of participant contributions within the required timeframe as stated by the Department of Labor regulations. To correct late deposits, participant accounts were credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis. The Plan sponsor corrected the 2024 deposit failures in October 2025. The Plan Sponsor's assets were used to fund the corrective contributions.

Bard College/Simon's Rock 403(b) Plan

Supplemental Schedules Required Under ERISA
and Department of Labor Regulations
Schedule H
December 31, 2025

Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Totals That Constitute Non-Exempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	$ -	$ 14,133	$ -	$ -

See Independent Auditor's Report.

Bard College/Simon's Rock 403(b) Plan

Supplemental Schedules Required Under ERISA
and Department of Labor Regulations
Schedule H
December 31, 2025

Line 4i - Schedule of Assets (Held at End of Year)

(a) Identity of Party	(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 (1)	(e) Current Value
*	TIAA Traditional Annuity - Benefit Responsive	Fixed-Rate Annuity Contract		$ 8,569,518
*	TIAA Traditional Annuity - Non-Benefit-Responsive	Fixed-Rate Annuity Contract		48,915,862
*	TIAA Traditional Annuity - Non-Benefit-Responsive	Fixed-Rate Annuity Contract		12,799,675
*	TIAA Stable Value	Fixed-Rate Group Annuity Contract		6,212,163
*	CREF Total Global Stock R2	Variable Annuity		42,556,249
*	CREF Money Market R2	Variable Annuity		2,392,197
*	CREF Responsible Balanced R2	Variable Annuity		15,374,556
*	CREF Global Equities R2	Variable Annuity		17,419,605
*	CREF Growth R2	Variable Annuity		19,420,045
*	CREF S&P 500 Equity Index R2	Variable Annuity		16,527,420
*	CREF Inflation-Linked Bond R2	Variable Annuity		3,364,777
*	CREF Core Bond R2	Variable Annuity		5,515,092
*	TIAA Real Estate	Pooled Separate Account		6,930,994
*	TIAA Access Nuv Core Pl Bd T4	Mutual Fund		4,684
*	TIAA Access Nuv Intl Equity T4	Mutual Fund		29,611
*	TIAA Access Nuv Lrg Cap Val T4	Mutual Fund		40,142
*	TIAA Access Nuv LifCyc 2025 T4	Mutual Fund		10,840
*	TIAA Access Nuv LifCyc 2030 T4	Mutual Fund		19,626
*	TIAA Access Nuv LifCyc 2035 T4	Mutual Fund		18,928
*	TIAA Access Nuv LifCyc 2040 T4	Mutual Fund		83,656
*	TIAA Access Nuv LifCyc 2045 T4	Mutual Fund		41,198
*	TIAA Access Nuv LifCyc 2050 T4	Mutual Fund		53,925
*	TIAA Access Nuv Mid Cap Grw T4	Mutual Fund		27,404
*	TIAA Access Nuv Mid Cap Val T4	Mutual Fund		22,678
*	TIAA Access Qt Sm Cp Eq T4	Mutual Fund		41,900
*	TIAA Access Nuv RlEstSecSel T4	Mutual Fund		5,390
*	TIAA Access Nuv Sm Cp Bl Ix T4	Mutual Fund		13,051
*	TIAA Access Nuv LgCp Res Eq T4	Mutual Fund		41,067
*	Nuveen LfCyc Ix Ret Inc R6	Mutual Fund		129,025
*	Nuveen Lifecycle Ix 2010 R6	Mutual Fund		3,453,886
*	Nuveen Lifecycle Ix 2015 R6	Mutual Fund		3,737,406
*	Nuveen Lifecycle Ix 2020 R6	Mutual Fund		5,753,622
*	Nuveen Lifecycle Ix 2025 R6	Mutual Fund		13,494,700
*	Nuveen Lifecycle Ix 2030 R6	Mutual Fund		17,116,716
*	Nuveen Lifecycle Ix 2035 R6	Mutual Fund		13,158,155
*	Nuveen Lifecycle Ix 2040 R6	Mutual Fund		18,437,022
*	Nuveen Lifecycle Ix 2045 R6	Mutual Fund		19,269,872
*	Nuveen Lifecycle Ix 2050 R6	Mutual Fund		12,616,472
*	Nuveen Lifecycle Ix 2055 R6	Mutual Fund		5,682,542
*	Nuveen Lifecycle Ix 2060 R6	Mutual Fund		3,080,255
*	Nuveen Lifecycle Ix 2065 R6	Mutual Fund		542,562
	T. Rowe Price Capital App Fd	Mutual Fund		2,217,297
	Vanguard Inst Idx Inst	Mutual Fund		23,068,596
	Vanguard Ttl Bd Mkt Idx Adm	Mutual Fund		3,800,760
	Vanguard Mid-Cap Idx Adm	Mutual Fund		2,179,183
	Vanguard Developed Mkts Idx Adm	Mutual Fund		9,223,531

See Independent Auditor's Report.

Bard College/Simon's Rock 403(b) Plan

Supplemental Schedules Required Under ERISA
and Department of Labor Regulations
Schedule H
December 31, 2025

Line 4i - Schedule of Assets (Held at End of Year) (Continued)

(a) Identity of Party	(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 (1)	(e) Current Value
	Vanguard FTSE Social Index Adm	Mutual Fund		$ 6,601,062
	Allspring Small Co Growth Inst	Mutual Fund		1,739,296
	BlackRock High Yield Bd Inst	Mutual Fund		2,440,575
	BlackRock Mid Cap Growth Eq K	Mutual Fund		813,147
	DFA Internat Sustain Core 1	Mutual Fund		3,179,276
	Domini Impact Bond Inst	Mutual Fund		859,758
	MFS Growth Fund Class R4	Mutual Fund		4,399,851
	JPMorgan US Research Enh Eq R6	Mutual Fund		5,432,346
	JPMorgan Equity Inc Fd Cla R6	Mutual Fund		6,995,075
	MFS Mid Cap Value Class R6	Mutual Fund		3,046,584
	Vanguard Real Estate Idx Adm	Mutual Fund		2,760,798
	MFS Intl Diversification CI R6	Mutual Fund		8,547,115
	Allspring Core Plus Bond R6	Mutual Fund		2,409,660
	American Funds New World R6	Mutual Fund		2,217,172
	PIMCO Income Fd Institutional	Mutual Fund		976,113
	Vanguard Small-Cap Idx inst	Mutual Fund		9,048,227
				424,879,910
*	Participant notes receivable (2)	Interest rates of 4.25%-9.50%, maturing at various dates through 2030		501,056
				$ 425,380,966

* Represents a party in interest to the Plan as defined by ERISA.
(1) Cost information may be omitted with respect to participant- or beneficiary-directed transactions under an individual account plan.
(2) These notes are secured solely by the participant account balances in the Plan.

See Independent Auditor's Report.

Plan Name	**Bard College/Simon's Rock 403(b) Plan**
Plan Sponsor EIN	**14-1713034**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**Bard College/Simon's Rock 403(b) Plan**
Plan Sponsor EIN	**14-1713034**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**Bard College/Simon's Rock 403(b) Plan**
Plan Sponsor EIN	**14-1713034**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X