

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1950</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1950</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1950</u>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BRYANT UNIVERSITY</u><br><br><u>1150 DOUGLAS PIKE</u><br><u>SMITHFIELD, RI 02917</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>05-0258810</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>401-232-6010</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>611000</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>05-0258810</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>401-232-6010</u> | <b>2d</b> Business code (see instructions)<br><u>611000</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>05-0258810</u>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>401-232-6010</u>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>611000</u>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/18/2022 | TIMOTHY T. PAIGE                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BRYANT UNIVERSITY<br><br>1150 DOUGLAS PIKE<br>SMITHFIELD, RI 02917                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br>05-0258810<br><br><b>3c</b> Administrator's telephone number<br>401-232-6010                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 1636                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 941<br><b>6a(2)</b> 924<br><b>6b</b> 0<br><b>6c</b> 738<br><b>6d</b> 1662<br><b>6e</b> 0<br><b>6f</b> 1662<br><b>6g</b> 1372<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

---

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

---

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

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

---

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

---

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN                                 | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRYANT UNIVERSITY                | D Employer Identification Number (EIN)<br>05-0258810 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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         | 103026                                | 1223                                                                        | 01/01/2021              | 12/31/2021 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 68500977 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 58915814 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 68880972 |
|----------|-----------------------------------------------|-----------|----------|

|          |                                                              |              |         |  |
|----------|--------------------------------------------------------------|--------------|---------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 412298  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0       |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 2344036 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 7124364 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 64760   |  |

▶ PLAN SERVICING CREDIT

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 9945458 |
|---------------------------|--------------|---------|

|          |                                                                              |           |          |
|----------|------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 78826430 |
|----------|------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|  |                                                                                 |              |         |  |
|--|---------------------------------------------------------------------------------|--------------|---------|--|
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 4007294 |  |
|  | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 0       |  |
|  | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 6264084 |  |
|  | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 54075   |  |

▶ PLAN TO PLAN TRANSFER, FEE

|                            |              |          |
|----------------------------|--------------|----------|
| (5) Total deductions ..... | <b>7e(5)</b> | 10325453 |
|----------------------------|--------------|----------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 68500977 |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN                          | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BRYANT UNIVERSITY         | <b>D</b> Employer Identification Number (EIN)<br>05-0258810 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENT INSTITUTIONAL                                                                                 |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

THE ANGELL PENSION GROUP, INC.

04-2530412

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | NONE                                                                                              | 17750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GLOBAL RETIREMENT PARTNERS

FBO BAYSTATE FIDUCIARY  
101 FEDERAL ST, STE 1900  
BOSTON, MA 02110-1861

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | NONE                                                                                              | 17500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CARON & BLETZER, PLLC

04-3499945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 13600                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

FIDELITY INST OPERATIONS CO INC.

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65 71            | RECORDKEEPER                                                                                      | 12306                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INST OPERATIONS CO INC.                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CENTURY SERVICES, LLC<br><br>44-0619208                      | .25 BPS AMCENT GINNIE MAE IV                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BNY MELLON TRANSFER INC. 301 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809 | .25 BPS BLKRK MIDCAP GRTH IS .15 BPS EV ATL CAP<br>SMID-CP I                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARTFORD ADMINISTRATIVE SERV CO<br><br>41-0679409                     | .10 BPS HTFD INTL OPPS Y                                                                                                                                           |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INST OPERATIONS CO INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM INVESTOR SERVICES INC<br><br>04-2539562                                               | .20 BPS PUTN LG CAP VAL Y                                                                                                                                          |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO INVESTMENT SERVICES, INC      11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046      | .25 BPS INVS DEVELOP MKT Y                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DST ASSET MANAGER SOLUTIONS, INC.      430 W 7TH STREET, STE 219432<br>KANSAS CITY, MO 64105 | .25 BPS JPM GOVT BOND R4 .10 BPS NB SUSTAIN EQ I                                                                                                                   |                                           |

**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<br>(see instructions)                                                                                                                                 | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INST OPERATIONS CO INC.                                    | 60                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.      |                                           |
| VIRTUS FUND<br>4400 COMPUTER DRIVE<br>WESTBOROUGH, MA 01581         | .40 BPS VRTS C MDCP VAL EQ I                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                 | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                    | 60                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.      |                                           |
| FRANKLIN TEMPLETON INV SRVCS LLC<br><br>94-3167260                  | .15 BPS TMPL GLOBAL BOND ADV                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                 | (c) Enter amount of indirect compensation |
| FIDELITY INST OPERATIONS CO INC.                                    | 60                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.      |                                           |
| T. ROWE PRICE SERVICES INC<br><br>52-2269240                        | .15 BPS TRP RETIREMENT 2005 .15 BPS TRP RETIREMENT 2010 .15 BPS TRP RETIREMENT 2015 .15 BPS TRP RETIREMENT 2020 .15 BPS TRP RETIREMENT 2025 .15 BPS TRP RETIREMENT 2030 |                                           |

**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<br>(see instructions)                                                                                                                                 | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INST OPERATIONS CO INC.                                    | 60                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.      |                                           |
| T. ROWE PRICE SERVICES INC<br><br>52-2269240                        | .15 BPS TRP RETIREMENT 2035 .15 BPS TRP RETIREMENT 2040 .15 BPS TRP RETIREMENT 2045 .15 BPS TRP RETIREMENT 2050 .15 BPS TRP RETIREMENT 2055 .15 BPS TRP RETIREMENT 2060 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(see instructions)                                                                                                                                 | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                         |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.      |                                           |
|                                                                     |                                                                                                                                                                         |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRYANT UNIVERSITY</u>                | <b>D</b> Employer Identification Number (EIN)<br><u>05-0258810</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 10277                 | 16533           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 257                   | 771             |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 6056770               | 5297387         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 251416                | 135843          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 5968190               | 7645830         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 201926745             | 227948849       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 69012663              | 68510317        |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 678688                | 828125          |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 283905006 310383655 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 283905006 310383655 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3284290   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 4199112   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 1434889   |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 8918291   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 978       |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 11074     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 2345797   |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 2357849   |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 11739077  |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 11739077  |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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)  |            | 1138698   |
| (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) |            | 19422173  |
| c Other income.....                                                                            | 2c     |            | 227493    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 43803581  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 16333026   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 930843     |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 17263869  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 2032      |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 46350      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 12681      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 59031     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 17324932  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 26478649  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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

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

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                         |                                                                  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN</div>                  | <div>B Three-digit plan number (PN) ►<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>BRYANT UNIVERSITY</div> | <div>D Employer Identification Number (EIN)<br/>05-0258810</div> |

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

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

|                                                                                                                                                                                                                                                                              |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                    | <div>1</div> | <div>0</div> |
| <div>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):<br/><br/>EIN(s): 13-1624203 04-6568107</div> |              |              |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                                  |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                         | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
CONTENTS

---

|                                                                  | <u>Page(s)</u> |
|------------------------------------------------------------------|----------------|
| Independent Auditor's Report                                     | 1-4            |
| Financial Statements:                                            |                |
| Statements of Net Assets Available for Benefits                  | 5              |
| Statement of Changes in Net Assets Available for Benefits        | 6              |
| Notes to Financial Statements                                    | 7-18           |
| Supplemental Schedule:                                           |                |
| Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) | 19-21          |

Certain supplemental schedules have been omitted because they are either not required or not applicable.



## Independent Auditor's Report

To the Plan Administrator of the Bryant University 403(b) Retirement Plan:

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

We have performed an audit of the financial statements of the Bryant University 403(b) Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying financial statements related to assets which provide benefits under the plan and certified to by a qualified institution and assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 issued or 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***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Other Matters***

#### ***Supplemental Schedule Required by ERISA***

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified information in the supplemental schedule related to assets which provide benefits under the plan and certified to by a qualified institution and assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated September 10, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Caron & Blazer, PLLC". The signature is written in a cursive, flowing style.

Kingston, NH  
August 11, 2022

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2021 and 2020

|                                                | <u>2021</u>           | <u>2020</u>           |
|------------------------------------------------|-----------------------|-----------------------|
| Investments, at fair value:                    |                       |                       |
| Insurance contract (non benefit-responsive)    | \$ 49,008,752         | \$ 49,398,663         |
| Variable annuity contracts                     | 51,269,983            | 49,474,031            |
| Pooled separate account                        | 7,645,830             | 5,968,190             |
| Mutual funds                                   | 169,307,291           | 147,664,326           |
| Self-directed brokerage accounts               | <u>13,513,620</u>     | <u>11,534,123</u>     |
| Total investments at fair value                | 290,745,476           | 264,039,333           |
| Investments, at contract value:                |                       |                       |
| Insurance contracts (fully benefit-responsive) | <u>19,502,336</u>     | <u>19,614,257</u>     |
| Total investments                              | 310,247,812           | 283,653,590           |
| Receivables:                                   |                       |                       |
| Notes receivable from participants             | <u>135,843</u>        | <u>251,416</u>        |
| Net assets available for benefits              | <u>\$ 310,383,655</u> | <u>\$ 283,905,006</u> |

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

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2021

|                                               | <u>2021</u>                      |
|-----------------------------------------------|----------------------------------|
| Additions:                                    |                                  |
| Investment income:                            |                                  |
| Net appreciation in fair value of investments | \$ 20,791,416                    |
| Dividend and interest income                  | <u>14,093,874</u>                |
|                                               | 34,885,290                       |
| Contributions:                                |                                  |
| Participant contributions                     | 4,199,112                        |
| Rollover contributions                        | 1,434,889                        |
| Employer contributions                        | <u>3,284,290</u>                 |
|                                               | 8,918,291                        |
| <br>Total additions                           | <br>43,803,581                   |
| <br>Deductions:                               |                                  |
| Distributions to participants                 | 17,265,901                       |
| Administrative expenses                       | <u>59,031</u>                    |
| <br>Total deductions                          | <br><u>17,324,932</u>            |
| <br>Net increase                              | <br>26,478,649                   |
| <br>Net assets available for benefits:        |                                  |
| Beginning of year                             | <u>283,905,006</u>               |
| <br>End of year                               | <br><u><u>\$ 310,383,655</u></u> |

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

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

A. PLAN DESCRIPTION:

The following description of the Bryant University 403(b) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for more detailed information.

General

The Plan is a defined contribution plan sponsored by Bryant University (the "University"), covering all employees except those employees who work less than 20 hours per week and student employees. All eligible classes of employees may immediately make elective participant contributions upon hire. Eligible employees must complete two years of service to receive employer non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Participants may contribute up to 100% of their compensation, as defined by the Plan, on a pre-tax basis and effective April 1, 2021, on an after-tax Roth basis, subject to Internal Revenue Code ("IRC") limitations. Employees hired on or after January 1, 2020 are automatically enrolled in the Plan at a rate of 2% unless they opt out of the Plan or make an affirmation election to participate. Participants who are at least age 50 may make additional catch-up contributions subject to IRC limitations. Participants may also contribute funds from another qualified retirement plan ("rollover contributions"), subject to certain requirements.

Regardless of participant contributions, the University will make non-elective contributions to eligible participants' accounts in the amount of 4% of up to \$45,000 of each participant's compensation, as defined by the Plan. Eligible participants will also receive non-elective contributions of 6% of compensation in excess of \$45,000. Effective October 1, 2021, this contribution was changed to be 8% of up to \$45,000 of each participant's compensation, as defined by the Plan, and 12% of compensation in excess of \$45,000.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants have the option of investing their account with Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") (together "TIAA-CREF") or Fidelity Management Trust Company ("Fidelity"), the custodians of the Plan. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Vesting

Participants are 100% vested at all times in all accounts.

Revenue Credits

The Plan holds assets in revenue credit accounts which receives contributions as a result of revenue sharing agreements with Teachers Insurance and Annuity Association of America and Fidelity. During 2021, contributions to the accounts totaled \$156,301, which is included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are used to pay qualified plan expenses including investment management fees, trustee fees, and audit fees, or allocated to participants. During 2021, \$68,614 was used to pay plan expenses and \$86,427 was allocated to participants. Unallocated assets were \$3,197 and \$763 at December 31, 2021 and 2020, respectively.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants who terminate employment may leave their funds invested in the Plan or may elect a distribution in the form of a lump sum, partial withdrawal or installment, or depending on the participant's investments, an annuity.

A participant may also request a withdrawal of participant contributions only upon attainment of age 59 1/2 or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document.

Notes Receivable From Participants

As of July 1, 2009, a participant may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans must bear a reasonable rate of interest. All loans must be repaid within five years unless the proceeds are used to acquire a principal residence, in which case a longer repayment period is allowed. No more than one loan may be outstanding at any time. Principal and interest is generally paid ratably through payroll deductions each pay period.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Prior to July 1, 2009, a participant with retirement assets at TIAA-CREF could borrow against their account balance accumulated from participant contributions in an aggregate amount up to the lesser of \$50,000 or 50% of their vested account balance, subject to plan limitations, directly from TIAA-CREF. After this date, no new loans are allowed under this program. The minimum loan amount is \$1,000. Loans must bear a reasonable rate of interest. An amount equal to 110% of the loan must be transferred to the TIAA Traditional Annuity in the participant's account to serve as collateral for such loans. TIAA uses funds from its general accounts to make loans directly to participants. A promissory note is executed by the participant. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. In the event a loan is defaulted on, the outstanding loan balance and any accrued interest will be deducted from the participants TIAA Traditional Annuity account. As of December 31, 2021 and 2020, \$78,212 and \$74,941, respectively, of the TIAA Traditional Annuity was pledged as collateral for loans to participants from TIAA-CREF. Of these amounts \$78,212 and \$68,129 were defaulted loans and the assets will revert to TIAA-CREF upon a distributable event.

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Plan Expenses

Substantially all expenses incurred in the administration of the Plan are paid by the plan sponsor except for certain participant transaction fees, which are paid by plan participants and certain record keeping and professional services fees, which are paid from the revenue credit account. Expenses that are paid by the Company are excluded from these financial statements.

Use of Estimates

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

C. FAIR VALUE MEASUREMENTS:

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

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

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Variable annuity contracts* – Valued at the net asset value of units of a variable annuity. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

*Pooled separate account* – Valued at the net asset value of units of a pooled separate account. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

*Self-directed brokerage accounts* – Invested in mutual funds.

*Insurance contract (non benefit-responsive)* – Valued at fair value by management by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Organization evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, minimum crediting rate, duration or payout date) while others are substantiated utilizing available market data (for example, discount rate).

*Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

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

| Description                                   | 2021                  |                       |             |                      |
|-----------------------------------------------|-----------------------|-----------------------|-------------|----------------------|
|                                               | Total                 | Level 1               | Level 2     | Level 3              |
| Self-directed brokerage accounts              | \$ 13,513,620         | \$ 13,513,620         | \$ -        | \$ -                 |
| Insurance contract (non benefit-responsive)   | 49,008,752            | -                     | -           | 49,008,752           |
| Mutual funds                                  | 169,307,291           | 169,307,291           | -           | -                    |
| Total investments in the fair value hierarchy | 231,829,663           | <u>\$ 182,820,911</u> | <u>\$ -</u> | <u>\$ 49,008,752</u> |
| Investments measured at net asset value(1):   |                       |                       |             |                      |
| Pooled separate account                       | 7,645,830             |                       |             |                      |
| Variable annuity contracts                    | 51,269,983            |                       |             |                      |
| Total investments measured at net asset value | <u>58,915,813</u>     |                       |             |                      |
| Total investments at fair value               | <u>\$ 290,745,476</u> |                       |             |                      |

| Description                                   | 2020                  |                       |             |                      |
|-----------------------------------------------|-----------------------|-----------------------|-------------|----------------------|
|                                               | Total                 | Level 1               | Level 2     | Level 3              |
| Self-directed brokerage accounts              | \$ 11,534,123         | \$ 11,534,123         | \$ -        | \$ -                 |
| Insurance contract (non benefit-responsive)   | 49,398,663            | -                     | -           | 49,398,663           |
| Mutual funds                                  | 147,664,326           | 147,664,326           | -           | -                    |
| Total investments in the fair value hierarchy | 208,597,112           | <u>\$ 159,198,449</u> | <u>\$ -</u> | <u>\$ 49,398,663</u> |
| Investments measured at net asset value(1):   |                       |                       |             |                      |
| Pooled separate account                       | 5,968,190             |                       |             |                      |
| Variable annuity contracts                    | 49,474,031            |                       |             |                      |
| Total investments measured at net asset value | <u>55,442,221</u>     |                       |             |                      |
| Total investments at fair value               | <u>\$ 264,039,333</u> |                       |             |                      |

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

*Variable annuity contracts* - There are no unfunded commitments. There are no restrictions on redemptions of these investments for participant initiated transactions.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity ("DFE"). The following table discloses investment strategies for such investments:

|                                  | 2021                 | 2020                 |
|----------------------------------|----------------------|----------------------|
| Investments measured             |                      |                      |
| at net asset value (non-DFE's):  |                      |                      |
| Variable annuity contracts:      |                      |                      |
| Stock (a)                        | \$ 31,110,935        | \$ 29,527,373        |
| Money market (b)                 | 1,569,469            | 3,103,770            |
| Social choice (c)                | 1,767,930            | 1,621,207            |
| Bond market (d)                  | 916,934              | 978,379              |
| Growth (e)                       | 11,102,272           | 9,845,954            |
| Equity (f)                       | 4,118,146            | 3,734,514            |
| Inflation (g)                    | 684,297              | 662,834              |
| Total variable annuity contracts | <u>\$ 51,269,983</u> | <u>\$ 49,474,031</u> |

- (a) The stock variable annuity seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) The money market variable annuity invests in high-quality debt securities and seeks to maximize current income consistent with liquidity and preservation of capital.
- (c) The social choice variable annuity seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria.
- (d) The bond market variable annuity seeks a favorable long-term rate of return, primarily through high current income debt securities consistent with preserving capital.
- (e) The growth variable annuity seeks a favorable long-term rate of return, mainly through capital appreciation, primarily from a diversified portfolio of common stocks that present opportunity for exceptional growth.
- (f) The equity variable annuity seeks a favorable long-term rate of return from a diversified portfolio selected to track the overall market for common stocks publicly traded in the U.S., as represented by a broad stock market index.
- (g) The inflation variable annuity seeks a long-term rate of return that outpaces inflation, primarily through the investment in inflation-indexed bonds and fixed-income securities whose returns are designed to track a specified inflation index over the life of the bond.

*Pooled separate account* – This category consists of the TIAA Real Estate Account. The underlying investments of this account consist primarily of real estate and real estate-related investments. There are no unfunded commitments. Although the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA general account provides the account with a liquidity guarantee which ensures the account has the funds available to accommodate participant redemption requests. Redemptions are limited to one per calendar quarter.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

The guaranteed investment contracts are with Teachers Insurance and Annuity Association of America ("the contract issuer"). Participants individually contract with TIAA to establish an account within the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contracts including retirement annuities ("RA"), supplemental retirement annuities ("SRA"), group retirement annuities ("GRA"), retirement choice ("RC"), retirement choice plus ("RCP") and group supplemental retirement annuities ("GSRA") as determined by the contract between TIAA and the participant. SRA, GSRA and RCP contracts are considered fully benefit-responsive because they are liquid contracts (see Note D). RA, GRA and RC contracts are not considered fully benefit-responsive due to certain illiquidity features discussed below and are valued at fair value measured using a discounted cash flow methodology.

Participant accumulations are available for pre-retirement withdrawal in 10 annual installments and 5 annual installments upon separation of service under an RA or GRA contract and 84 monthly installments under an RC contract. In addition, a lump-sum cash withdrawal is available within 120 days of termination of employment subject to a 2.5% surrender charge. Plan level withdrawals from the TIAA Traditional Annuity in the RC contracts are allowed over a 60 month period with 30 day advance notice from the Plan. The minimum crediting interest rates are contractually guaranteed to be not less than 3 percent for the RA or GRA contracts and not less than 1 percent for the RC contracts.

The following tables represent the Plan's material level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges and values for those inputs for the years ended December 31:

| Instrument                                                   | Fair Value    | Principal<br>Valuation<br>Technique | 2021                    |                                      |
|--------------------------------------------------------------|---------------|-------------------------------------|-------------------------|--------------------------------------|
|                                                              |               |                                     | Unobservable Input(s)   | Range of Significant<br>Input Values |
| TIAA<br>Traditional - RA and GRA<br>(non benefit-responsive) | \$ 43,600,623 | Discounted<br>Cash Flow             | Discount Rate           | 2.04% - 3.17%                        |
|                                                              |               |                                     | Crediting Interest Rate | 3.00%                                |
|                                                              |               |                                     | Duration                | 9 years                              |
|                                                              |               |                                     | Payout Date             | 12/31/21 - 12/31/30                  |
|                                                              |               |                                     | Payout Percentage       | 10% - 100%                           |
| TIAA<br>Traditional - RC<br>(non benefit-responsive)         | \$ 5,408,129  | Discounted<br>Cash Flow             | Discount Rate           | 2.39% - 3.26%                        |
|                                                              |               |                                     | Crediting Interest Rate | 2.85%                                |
|                                                              |               |                                     | Duration                | 60 months (5 years)                  |
|                                                              |               |                                     | Payout Date             | 12/31/21 - 12/31/26                  |
|                                                              |               |                                     | Payout Percentage       | 20% - 100%                           |

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

| Instrument                                                   | Fair Value    | Principal<br>Valuation<br>Technique | 2020                                                                                     |                                                                                    |
|--------------------------------------------------------------|---------------|-------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                              |               |                                     | Unobservable Input(s)                                                                    | Range of Significant<br>Input Values                                               |
| TIAA<br>Traditional - RA and GRA<br>(non benefit-responsive) | \$ 44,209,882 | Discounted<br>Cash Flow             | Discount Rate<br>Crediting Interest Rate<br>Duration<br>Payout Date<br>Payout Percentage | 2.35% - 3.18%<br>2.85%<br>9 years<br>12/31/20 - 12/31/29<br>10% - 100%             |
| TIAA<br>Traditional - RC<br>(non benefit-responsive)         | \$ 5,188,781  | Discounted<br>Cash Flow             | Discount Rate<br>Crediting Interest Rate<br>Duration<br>Payout Date<br>Payout Percentage | 2.35% - 2.61%<br>3.00%<br>60 months (5 years)<br>12/31/20 - 12/31/25<br>20% - 100% |

Purchases and sales of the Plan's level 3 investments during the year ending December 31, 2021 were \$6,022,734 and \$8,174,910, respectively. There were no transfers into or out of level 3 investments during the year.

D. INVESTMENTS AT CONTRACT VALUE:

The Plan has investments in fully benefit-responsive traditional investment contracts ("FBRIC") as follows:

|                                                   | <u>2021</u>          | <u>2020</u>          |
|---------------------------------------------------|----------------------|----------------------|
| TIAA Traditional Annuity - FBRIC                  | \$ 19,492,225        | \$ 19,482,309        |
| New York Life Guaranteed Interest Account - FBRIC | <u>10,111</u>        | <u>131,948</u>       |
| Total investments at contract value               | <u>\$ 19,502,336</u> | <u>\$ 19,614,257</u> |

Insurance Contract - TIAA Traditional Annuity

The Plan has entered into an annuity arrangement with Teachers Insurance and Annuity Association of America ("the contract issuer"). Participants individually contract with TIAA to establish an account within the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contracts including retirement annuities ("RA"), supplemental retirement annuities ("SRA"), group retirement annuities ("GRA"), retirement choice ("RC"), retirement choice plus ("RCP") and group supplemental retirement annuities ("GSRA") as determined by the contract between TIAA and the participant. Employer contributions must be made to an RA, GRA or RC contract. Participant contributions may be made to an RA, SRA, GRA, RC, RCP, or GSRA contract as determined by the participant.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

SRA, RCP, and GSRA are traditional investment contracts that meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. RA, GRA, and RC contracts are considered non benefit-responsive due to certain illiquidity features and accordingly are valued at fair value measured using a discounted cash flow methodology. See Note C for valuation and terms of these non-fully benefit-responsive contracts.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent for SRA, RCP and GSRA contracts. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum interest rate, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year" which begins each March 1. Additional interest is not guaranteed for future years. The crediting rates are supported by the investment performance of the underlying investments and may be reset as frequently as monthly. The contract does not have a maturity date.

Participant accumulations are available in lump-sum payments, which may be subject to surrender charges, upon meeting certain triggering events under an RCP, SRA or GSRA contract. When the accumulation in TIAA Traditional Annuity is converted to an annuity by a participant based on his or her life expectancy, the present value of the stream of payments is equal to the accumulation. These payments may be made in the form of an annuity or a lump sum benefit and are contractually obligated.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

E. TAX STATUS:

The Plan has adopted the volume submitter plan document of The Angell Pension Group Inc. The volume submitter sponsor received a favorable opinion letter dated March 31, 2017 in which the Internal Revenue Service stated that the plan document, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. The plan administrator believes the Plan is currently designed and has been operated in compliance with applicable requirements of the IRC and is, therefore, exempt from federal income taxes under Section 501(a) of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. CERTIFIED INVESTMENTS:

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

G. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and the management of investments held by the custodians are considered party-in-interest transactions.

H. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the University retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

I. 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 which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

J. SUBSEQUENT EVENTS:

The University has evaluated subsequent events through August 11, 2022, the date these financial statements were available for issuance.

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                     | (c)                                                                                                          | (d)  | (e)              |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   | Insurance contracts at contract value:                  |                                                                                                              |      |                  |
| *   | TIAA Traditional Benefit Responsive                     | Insurance contract                                                                                           | **   | \$ 19,492,225    |
|     | New York Life Guaranteed Interest Account               | "                                                                                                            | **   | 10,111           |
|     | Total insurance contracts at contract value             |                                                                                                              |      | 19,502,336       |
|     | Investments at fair value:                              |                                                                                                              |      |                  |
| *   | TIAA Traditional Benefit Non Responsive                 | Insurance contract                                                                                           | **   | 49,008,752       |
| *   | CREF Stock Fund                                         | Variable annuity contract                                                                                    | **   | 31,110,935       |
| *   | CREF Money Market Fund                                  | "                                                                                                            | **   | 1,569,469        |
| *   | CREF Social Choice Fund                                 | "                                                                                                            | **   | 1,767,930        |
| *   | CREF Bond Market Fund                                   | "                                                                                                            | **   | 916,934          |
| *   | CREF Global Equities Fund                               | "                                                                                                            | **   | 3,188,158        |
| *   | CREF Growth Fund                                        | "                                                                                                            | **   | 7,914,114        |
| *   | CREF Equity Index                                       | "                                                                                                            | **   | 4,118,146        |
| *   | CREF Inflation-Linked Bond Fund                         | "                                                                                                            | **   | 684,297          |
|     | Total variable annuity contracts                        |                                                                                                              |      | 51,269,983       |
| *   | TIAA Real Estate Fund                                   | Pooled separate account                                                                                      | **   | 7,645,830        |
| *   | TIAA-CREF Bond Plus-Rtmt                                | Mutual fund                                                                                                  | **   | 64,546           |
| *   | TIAA-CREF Bond-Rtmt                                     | "                                                                                                            | **   | 215,538          |
| *   | TIAA-CREF Equity Index-Prem                             | "                                                                                                            | **   | 7,695,075        |
| *   | TIAA-CREF Gr & Inc-Rtmt                                 | "                                                                                                            | **   | 268,080          |
| *   | TIAA-CREF High-Yield-Rtmt                               | "                                                                                                            | **   | 41,177           |
| *   | TIAA-CREF Infl-Lnkd Bond-Rtmt                           | "                                                                                                            | **   | 15,160           |
| *   | TIAA-CREF Intl Eq Idx-Rtmt                              | "                                                                                                            | **   | 123,736          |
| *   | TIAA-CREF Intl Eq-Rtmt                                  | "                                                                                                            | **   | 108,787          |
| *   | TIAA-CREF Lfcyle Rtmt Inc-Rtmt                          | "                                                                                                            | **   | 40,278           |
| *   | TIAA-CREF Lg-Cap Gr Idx-Rtmt                            | "                                                                                                            | **   | 19,167           |
| *   | TIAA-CREF Lg-Cap Gr-Rtmt                                | "                                                                                                            | **   | 12,198           |
| *   | TIAA-CREF Lg-Cap Val Idx-Rtmt                           | "                                                                                                            | **   | 19,461           |
| *   | TIAA-CREF Lg-Cap Val-Rtmt                               | "                                                                                                            | **   | 145,727          |
| *   | TIAA-CREF Lifecycle 2010-Rtmt                           | "                                                                                                            | **   | 249,638          |
| *   | TIAA-CREF Lifecycle 2015-Rtmt                           | "                                                                                                            | **   | 291,426          |
| *   | TIAA-CREF Lifecycle 2020-Rtmt                           | "                                                                                                            | **   | 899,363          |
| *   | TIAA-CREF Lifecycle 2025-Rtmt                           | "                                                                                                            | **   | 1,111,383        |
| *   | TIAA-CREF Lifecycle 2030-Rtmt                           | "                                                                                                            | **   | 1,087,656        |
| *   | TIAA-CREF Lifecycle 2035-Rtmt                           | "                                                                                                            | **   | 1,419,035        |
| *   | TIAA-CREF Lifecycle 2040-Rtmt                           | "                                                                                                            | **   | 1,621,953        |
| *   | TIAA-CREF Lifecycle 2045-Rtmt                           | "                                                                                                            | **   | 295,950          |
| *   | TIAA-CREF Lifecycle 2050-Rtmt                           | "                                                                                                            | **   | 127,164          |
| *   | TIAA-CREF Mid-Cap Gr-Rtmt                               | "                                                                                                            | **   | 45,120           |
| *   | TIAA-CREF Mid-Cap Val-Rtmt                              | "                                                                                                            | **   | 155,741          |
| *   | TIAA-CREF Money-Market- Inst                            | "                                                                                                            | **   | 519,772          |
| *   | TIAA-CREF Real Est Secs-Rtmt                            | "                                                                                                            | **   | 16,880           |
| *   | TIAA-CREF S&P 500 Idx-Rtmt                              | "                                                                                                            | **   | 19,719           |
| *   | TIAA-CREF Short-Term Bond-Rtmt                          | "                                                                                                            | **   | 348              |
| *   | TIAA-CREF Sm-Cap BI Idx-Rtmt                            | "                                                                                                            | **   | 10,504           |
| *   | TIAA-CREF Qt Sml Cap Eq Rtmt                            | "                                                                                                            | **   | 114,451          |
| *   | TIAA-CREF Social Ch Eq-Rtmt                             | "                                                                                                            | **   | 11,461           |
|     | Oppenheimer Develop Markets Y                           | "                                                                                                            | **   | 2,876,600        |
|     | Virtus Ceredex Mid Cp Val Eq I                          | "                                                                                                            | **   | 2,495,576        |
|     | T. Rowe Price Retire 2005 Fund                          | "                                                                                                            | **   | 343,634          |
|     | T. Rowe Price Retire 2010 Fund                          | "                                                                                                            | **   | 1,237,196        |
|     | T. Rowe Price Retire 2015 Fund                          | "                                                                                                            | **   | 5,887,903        |
|     | T. Rowe Price Retire 2020 Fund                          | "                                                                                                            | **   | 5,825,279        |
|     | T. Rowe Price Retire 2025 Fund                          | "                                                                                                            | **   | 13,031,456       |
|     | T. Rowe Price Retire 2030 Fund                          | "                                                                                                            | **   | 9,507,457        |
|     | T. Rowe Price Retire 2035 Fund                          | "                                                                                                            | **   | 11,786,701       |
|     | T. Rowe Price Retire 2040 Fund                          | "                                                                                                            | **   | 7,995,920        |
|     | T. Rowe Price Retire 2045 Fund                          | "                                                                                                            | **   | 7,753,120        |
|     | T. Rowe Price Retire 2050 Fund                          | "                                                                                                            | **   | 3,324,156        |
|     | T. Rowe Price Retire 2055 Fund                          | "                                                                                                            | **   | 2,124,517        |

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                            | (c)                                                                                                          | (d)  | (e)              |
|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party        | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   | Vanguard Small-Cap Idx Adm                                     | "                                                                                                            | **   | 6,019,903        |
|     | Vanguard Ttl Bd Mkt Idx Adm                                    | "                                                                                                            | **   | 3,140,058        |
|     | Vanguard Mid-Cap Idx Adm                                       | "                                                                                                            | **   | 2,791,877        |
|     | Hartford International Opp Y                                   | "                                                                                                            | **   | 4,154,982        |
|     | DFA Inflation ProtSecPortInst                                  | "                                                                                                            | **   | 2,758,559        |
|     | Putnam Large Cap Value Fund Class Y                            | "                                                                                                            | **   | 8,847,114        |
|     | Vanguard Ttl Intl Stk Idx Adm                                  | "                                                                                                            | **   | 6,190,205        |
|     | T Rowe Price Retirement 2060                                   | "                                                                                                            | **   | 335,326          |
|     | ClearBridge Large Cp Growth IS                                 | "                                                                                                            | **   | 6,348,801        |
|     | Lord Abbett High Yield Fund R6                                 | "                                                                                                            | **   | 1,868,239        |
|     | Vanguard Materials Index Adm                                   | "                                                                                                            | **   | 268,568          |
|     | Western Asset Core Plus Bnd IS                                 | "                                                                                                            | **   | 4,222,488        |
|     | DFA Glob RE Securities Inst                                    | "                                                                                                            | **   | 1,844,660        |
|     | BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares | "                                                                                                            | **   | 1,885,171        |
|     | JPMorgan Government Bond Fund Class R4                         | "                                                                                                            | **   | 150,512          |
|     | PIMCO Strategic Bond Fund Institutional Class                  | "                                                                                                            | **   | 1,236,452        |
|     | T Rowe Price Retirement 2065 Fund                              | "                                                                                                            | **   | 629              |
| *   | Fidelity Fidelity Fund                                         | "                                                                                                            | **   | 87,423           |
| *   | Fidelity Puritan                                               | "                                                                                                            | **   | 268,710          |
| *   | Fidelity Select Tech Hardware Portfolio                        | "                                                                                                            | **   | 3,544            |
| *   | Fidelity Select Consumer Staples Fund                          | "                                                                                                            | **   | 89,073           |
| *   | Fidelity Value Strategies Fund                                 | "                                                                                                            | **   | 173,839          |
| *   | Fidelity GNMA Fund                                             | "                                                                                                            | **   | 4,505            |
| *   | Fidelity Magellan Fund                                         | "                                                                                                            | **   | 361,023          |
| *   | Fidelity Contrafund                                            | "                                                                                                            | **   | 1,294,518        |
| *   | Fidelity Equity Income Fund                                    | "                                                                                                            | **   | 53,976           |
| *   | Fidelity Growth Company Fund                                   | "                                                                                                            | **   | 712,456          |
| *   | Fidelity Investment Grade Bond Fund                            | "                                                                                                            | **   | 61,879           |
| *   | Fidelity Growth & Income Fund                                  | "                                                                                                            | **   | 16,782           |
| *   | Fidelity Select Software Fund                                  | "                                                                                                            | **   | 3,893            |
| *   | Fidelity Intermediate Bond Fund                                | "                                                                                                            | **   | 31,117           |
| *   | Fidelity Capital & Income Fund                                 | "                                                                                                            | **   | 16,772           |
| *   | Fidelity Select Gold Fund                                      | "                                                                                                            | **   | 1,916            |
| *   | Fidelity Select Biotechnology Fund                             | "                                                                                                            | **   | 103,770          |
| *   | Fidelity Cash Reserve Fund                                     | "                                                                                                            | **   | 67,812           |
| *   | Fidelity Select Energy Fund                                    | "                                                                                                            | **   | 1,626            |
| *   | Fidelity Select Technology Fund                                | "                                                                                                            | **   | 10,641           |
| *   | Fidelity Select Chemicals Fund                                 | "                                                                                                            | **   | 35,995           |
| *   | Fidelity OTC Portfolio Fund                                    | "                                                                                                            | **   | 60,842           |
| *   | Fidelity Overseas Fund                                         | "                                                                                                            | **   | 7,438            |
| *   | Fidelity Leveraged Company Stock Fund                          | "                                                                                                            | **   | 184,527          |
| *   | Fidelity New Millennium Fund                                   | "                                                                                                            | **   | 455,232          |
| *   | Fidelity Europe Fund                                           | "                                                                                                            | **   | 10,797           |
| *   | Fidelity Real Estate Investment Fund                           | "                                                                                                            | **   | 131,187          |
| *   | Fidelity Balanced Fund                                         | "                                                                                                            | **   | 191,893          |
| *   | Fidelity International Discovery Fund                          | "                                                                                                            | **   | 21,765           |
| *   | Fidelity Convertible Securities Fund                           | "                                                                                                            | **   | 16,737           |
| *   | Fidelity Canada Fund                                           | "                                                                                                            | **   | 6,806            |
| *   | Fidelity Telecom & Utilities Fund                              | "                                                                                                            | **   | 1,788            |
| *   | Fidelity Blue Chip Growth Fund                                 | "                                                                                                            | **   | 1,056,246        |
| *   | Fidelity Asset Manager 50% Fund                                | "                                                                                                            | **   | 28,690           |
| *   | Fidelity Disciplined Equity Fund                               | "                                                                                                            | **   | 79,239           |
| *   | Fidelity Low Priced Stock Fund                                 | "                                                                                                            | **   | 991,484          |
| *   | Fidelity Emerging Markets Fund                                 | "                                                                                                            | **   | 14,561           |
| *   | Fidelity Growth Strategies Fund                                | "                                                                                                            | **   | 156,771          |
| *   | Fidelity Diversified International Fund                        | "                                                                                                            | **   | 265,277          |
| *   | Fidelity Dividend Growth Fund                                  | "                                                                                                            | **   | 269,922          |
| *   | Fidelity Tock Selector Small Cap Fund                          | "                                                                                                            | **   | 42,102           |
| *   | Fidelity Mid Cap Stock Fund                                    | "                                                                                                            | **   | 119,608          |
| *   | Fidelity Asset Manager 85% Fund                                | "                                                                                                            | **   | 114,232          |
| *   | Fidelity Latin America Fund                                    | "                                                                                                            | **   | 4,334            |
| *   | Fidelity Emerging Asia Fund                                    | "                                                                                                            | **   | 9,431            |
| *   | Fidelity Multi-Asset Index Fund                                | "                                                                                                            | **   | 105,655          |
| *   | Fidelity Freedom Income Fund                                   | "                                                                                                            | **   | 120,403          |
| *   | Fidelity Freedom 2010 Fund                                     | "                                                                                                            | **   | 4,302            |
| *   | Fidelity Freedom 2020 Fund                                     | "                                                                                                            | **   | 386,151          |
| *   | Fidelity Freedom 2030 Fund                                     | "                                                                                                            | **   | 1,709,564        |
| *   | Fidelity US Treasury Money Market Fund                         | "                                                                                                            | **   | 50,534           |
| *   | Fidelity Short Term Bond Fund                                  | "                                                                                                            | **   | 787              |
| *   | Fidelity Intermediate Government Income Fund                   | "                                                                                                            | **   | 22,953           |
| *   | Fidelity Money Market Fund                                     | "                                                                                                            | **   | 3,942            |

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                                     | (c)                                                                                                          | (d)  | (e)              |
|-----|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party                 | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   |                                                                         |                                                                                                              |      |                  |
| *   | Fidelity US Government Money Market Fund                                | "                                                                                                            | **   | 2,751,804        |
| *   | Fidelity Select Materials Fund                                          | "                                                                                                            | **   | 326,960          |
| *   | Fidelity Select Pharmaceutical Fund                                     | "                                                                                                            | **   | 16,066           |
| *   | Fidelity Limited Term Government Fund                                   | "                                                                                                            | **   | 2,380            |
| *   | Fidelity Freedom 2040 Fund                                              | "                                                                                                            | **   | 706,225          |
| *   | Fidelity Freedom 2015 Fund                                              | "                                                                                                            | **   | 2,807            |
| *   | Fidelity Freedom 2025 Fund                                              | "                                                                                                            | **   | 771,670          |
| *   | Fidelity Freedom 2035 Fund                                              | "                                                                                                            | **   | 235,345          |
| *   | Fidelity Small Cap Value Fund                                           | "                                                                                                            | **   | 41,409           |
| *   | Fidelity Freedom 2045 Fund                                              | "                                                                                                            | **   | 83,310           |
| *   | Fidelity Freedom 2050 Fund                                              | "                                                                                                            | **   | 16,082           |
| *   | Fidelity US Bond Fund                                                   | "                                                                                                            | **   | 12,518           |
| *   | Fidelity 500 Index Fund                                                 | "                                                                                                            | **   | 693,042          |
| *   | Fidelity Small Cap Fund                                                 | "                                                                                                            | **   | 381,694          |
| *   | Fidelity Total Market Index Fund                                        | "                                                                                                            | **   | 9,318,511        |
| *   | Fidelity International Index Fund                                       | "                                                                                                            | **   | 225,398          |
| *   | Fidelity Extended Market Index Fund                                     | "                                                                                                            | **   | 460,468          |
| *   | Fidelity Inflation-Protected Bond Fund                                  | "                                                                                                            | **   | 48,078           |
| *   | Fidelity Government Money Market                                        | "                                                                                                            | **   | 20,480           |
| *   | Fidelity Strategic Income Fund                                          | "                                                                                                            | **   | 127,021          |
|     | Total mutual funds                                                      |                                                                                                              |      | 169,307,291      |
| *   | TIAA-CREF Self Directed Account                                         | Self directed brokerage accounts                                                                             | **   | 828,125          |
| *   | Fidelity Brokerage Link                                                 | "                                                                                                            | **   | 12,685,495       |
|     | Total self directed brokerage accounts                                  |                                                                                                              |      | 13,513,620       |
|     | Total investments at fair value                                         |                                                                                                              |      | 290,745,476      |
|     | Total investments on the statement of net assets available for benefits |                                                                                                              |      | 310,247,812      |
| *   | Participant Loans                                                       | (4.50% - 6.50%)                                                                                              | -    | 135,843          |
|     | Total investments on the Form 5500                                      |                                                                                                              |      | \$ 310,383,655   |

\*\* Cost omitted for participant directed investments.

\* Indicates party-in-interest to the Plan.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

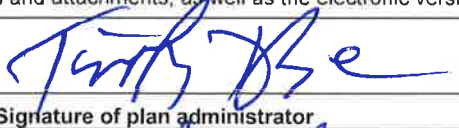
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first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

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>BRYANT UNIVERSITY 403 (B) RETIREMENT PLAN                                                                                                                                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                        | <b>1c</b> Effective date of plan<br>01/01/1950                                                                                                                                    |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Bryant University<br><br>1150 Douglas Pike<br><br>Smithfield RI 02917 | <b>2b</b> Employer Identification Number (EIN)<br>05-0258810<br><b>2c</b> Plan Sponsor's telephone number<br>401-232-6010<br><b>2d</b> Business code (see instructions)<br>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<br>HERE |  | 8/18/2022 | TIMOTHY T. PAIGE                                             |
|              | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | 8/18/2022 | TIMOTHY T. PAIGE                                             |
|              | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |           |                                                              |
|              | Signature of DFE                                                                    | Date      | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 201209

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>BRYANT UNIVERSITY<br><br>1150 DOUGLAS PIKE<br><br>SMITHFIELD RI 02917                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br>05-0258810<br><b>3c</b> Administrator's telephone number<br>401-232-6010                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                        | <b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                       | <b>5</b> 1,636                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> 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).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                        | <b>6a(1)</b> 941                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                             | <b>6a(2)</b> 924                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                            | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                            | <b>6c</b> 738                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 1,662                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                    | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>f</b> Total. Add lines 6d and 6e. ....                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b> 1,662                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                               | <b>6g</b> 1,372                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                    | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                          | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 3D                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                               |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)<br>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> H (Financial Information)<br>(2) <input type="checkbox"/> I (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information)<br>(4) <input checked="" type="checkbox"/> C (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                     | (c)                                                                                                          | (d)  | (e)              |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   | Insurance contracts at contract value:                  |                                                                                                              |      |                  |
| *   | TIAA Traditional Benefit Responsive                     | Insurance contract                                                                                           | **   | \$ 19,492,225    |
|     | New York Life Guaranteed Interest Account               | "                                                                                                            | **   | 10,111           |
|     | Total insurance contracts at contract value             |                                                                                                              |      | 19,502,336       |
|     | Investments at fair value:                              |                                                                                                              |      |                  |
| *   | TIAA Traditional Benefit Non Responsive                 | Insurance contract                                                                                           | **   | 49,008,752       |
| *   | CREF Stock Fund                                         | Variable annuity contract                                                                                    | **   | 31,110,935       |
| *   | CREF Money Market Fund                                  | "                                                                                                            | **   | 1,569,469        |
| *   | CREF Social Choice Fund                                 | "                                                                                                            | **   | 1,767,930        |
| *   | CREF Bond Market Fund                                   | "                                                                                                            | **   | 916,934          |
| *   | CREF Global Equities Fund                               | "                                                                                                            | **   | 3,188,158        |
| *   | CREF Growth Fund                                        | "                                                                                                            | **   | 7,914,114        |
| *   | CREF Equity Index                                       | "                                                                                                            | **   | 4,118,146        |
| *   | CREF Inflation-Linked Bond Fund                         | "                                                                                                            | **   | 684,297          |
|     | Total variable annuity contracts                        |                                                                                                              |      | 51,269,983       |
| *   | TIAA Real Estate Fund                                   | Pooled separate account                                                                                      | **   | 7,645,830        |
| *   | TIAA-CREF Bond Plus-Rtmt                                | Mutual fund                                                                                                  | **   | 64,546           |
| *   | TIAA-CREF Bond-Rtmt                                     | "                                                                                                            | **   | 215,538          |
| *   | TIAA-CREF Equity Index-Prem                             | "                                                                                                            | **   | 7,695,075        |
| *   | TIAA-CREF Gr & Inc-Rtmt                                 | "                                                                                                            | **   | 268,080          |
| *   | TIAA-CREF High-Yield-Rtmt                               | "                                                                                                            | **   | 41,177           |
| *   | TIAA-CREF Infl-Lnkd Bond-Rtmt                           | "                                                                                                            | **   | 15,160           |
| *   | TIAA-CREF Intl Eq Idx-Rtmt                              | "                                                                                                            | **   | 123,736          |
| *   | TIAA-CREF Intl Eq-Rtmt                                  | "                                                                                                            | **   | 108,787          |
| *   | TIAA-CREF Lfcyle Rtmt Inc-Rtmt                          | "                                                                                                            | **   | 40,278           |
| *   | TIAA-CREF Lg-Cap Gr Idx-Rtmt                            | "                                                                                                            | **   | 19,167           |
| *   | TIAA-CREF Lg-Cap Gr-Rtmt                                | "                                                                                                            | **   | 12,198           |
| *   | TIAA-CREF Lg-Cap Val Idx-Rtmt                           | "                                                                                                            | **   | 19,461           |
| *   | TIAA-CREF Lg-Cap Val-Rtmt                               | "                                                                                                            | **   | 145,727          |
| *   | TIAA-CREF Lifecycle 2010-Rtmt                           | "                                                                                                            | **   | 249,638          |
| *   | TIAA-CREF Lifecycle 2015-Rtmt                           | "                                                                                                            | **   | 291,426          |
| *   | TIAA-CREF Lifecycle 2020-Rtmt                           | "                                                                                                            | **   | 899,363          |
| *   | TIAA-CREF Lifecycle 2025-Rtmt                           | "                                                                                                            | **   | 1,111,383        |
| *   | TIAA-CREF Lifecycle 2030-Rtmt                           | "                                                                                                            | **   | 1,087,656        |
| *   | TIAA-CREF Lifecycle 2035-Rtmt                           | "                                                                                                            | **   | 1,419,035        |
| *   | TIAA-CREF Lifecycle 2040-Rtmt                           | "                                                                                                            | **   | 1,621,953        |
| *   | TIAA-CREF Lifecycle 2045-Rtmt                           | "                                                                                                            | **   | 295,950          |
| *   | TIAA-CREF Lifecycle 2050-Rtmt                           | "                                                                                                            | **   | 127,164          |
| *   | TIAA-CREF Mid-Cap Gr-Rtmt                               | "                                                                                                            | **   | 45,120           |
| *   | TIAA-CREF Mid-Cap Val-Rtmt                              | "                                                                                                            | **   | 155,741          |
| *   | TIAA-CREF Money-Market- Inst                            | "                                                                                                            | **   | 519,772          |
| *   | TIAA-CREF Real Est Secs-Rtmt                            | "                                                                                                            | **   | 16,880           |
| *   | TIAA-CREF S&P 500 Idx-Rtmt                              | "                                                                                                            | **   | 19,719           |
| *   | TIAA-CREF Short-Term Bond-Rtmt                          | "                                                                                                            | **   | 348              |
| *   | TIAA-CREF Sm-Cap BI Idx-Rtmt                            | "                                                                                                            | **   | 10,504           |
| *   | TIAA-CREF Qt Sml Cap Eq Rtmt                            | "                                                                                                            | **   | 114,451          |
| *   | TIAA-CREF Social Ch Eq-Rtmt                             | "                                                                                                            | **   | 11,461           |
|     | Oppenheimer Develop Markets Y                           | "                                                                                                            | **   | 2,876,600        |
|     | Virtus Ceredex Mid Cp Val Eq I                          | "                                                                                                            | **   | 2,495,576        |
|     | T. Rowe Price Retire 2005 Fund                          | "                                                                                                            | **   | 343,634          |
|     | T. Rowe Price Retire 2010 Fund                          | "                                                                                                            | **   | 1,237,196        |
|     | T. Rowe Price Retire 2015 Fund                          | "                                                                                                            | **   | 5,887,903        |
|     | T. Rowe Price Retire 2020 Fund                          | "                                                                                                            | **   | 5,825,279        |
|     | T. Rowe Price Retire 2025 Fund                          | "                                                                                                            | **   | 13,031,456       |
|     | T. Rowe Price Retire 2030 Fund                          | "                                                                                                            | **   | 9,507,457        |
|     | T. Rowe Price Retire 2035 Fund                          | "                                                                                                            | **   | 11,786,701       |
|     | T. Rowe Price Retire 2040 Fund                          | "                                                                                                            | **   | 7,995,920        |
|     | T. Rowe Price Retire 2045 Fund                          | "                                                                                                            | **   | 7,753,120        |
|     | T. Rowe Price Retire 2050 Fund                          | "                                                                                                            | **   | 3,324,156        |
|     | T. Rowe Price Retire 2055 Fund                          | "                                                                                                            | **   | 2,124,517        |

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                            | (c)                                                                                                          | (d)  | (e)              |
|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party        | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   | Vanguard Small-Cap Idx Adm                                     | "                                                                                                            | **   | 6,019,903        |
|     | Vanguard Ttl Bd Mkt Idx Adm                                    | "                                                                                                            | **   | 3,140,058        |
|     | Vanguard Mid-Cap Idx Adm                                       | "                                                                                                            | **   | 2,791,877        |
|     | Hartford International Opp Y                                   | "                                                                                                            | **   | 4,154,982        |
|     | DFA Inflation ProtSecPortInst                                  | "                                                                                                            | **   | 2,758,559        |
|     | Putnam Large Cap Value Fund Class Y                            | "                                                                                                            | **   | 8,847,114        |
|     | Vanguard Ttl Intl Stk Idx Adm                                  | "                                                                                                            | **   | 6,190,205        |
|     | T Rowe Price Retirement 2060                                   | "                                                                                                            | **   | 335,326          |
|     | ClearBridge Large Cp Growth IS                                 | "                                                                                                            | **   | 6,348,801        |
|     | Lord Abbett High Yield Fund R6                                 | "                                                                                                            | **   | 1,868,239        |
|     | Vanguard Materials Index Adm                                   | "                                                                                                            | **   | 268,568          |
|     | Western Asset Core Plus Bnd IS                                 | "                                                                                                            | **   | 4,222,488        |
|     | DFA Glob RE Securities Inst                                    | "                                                                                                            | **   | 1,844,660        |
|     | BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares | "                                                                                                            | **   | 1,885,171        |
|     | JPMorgan Government Bond Fund Class R4                         | "                                                                                                            | **   | 150,512          |
|     | PIMCO Strategic Bond Fund Institutional Class                  | "                                                                                                            | **   | 1,236,452        |
|     | T Rowe Price Retirement 2065 Fund                              | "                                                                                                            | **   | 629              |
| *   | Fidelity Fidelity Fund                                         | "                                                                                                            | **   | 87,423           |
| *   | Fidelity Puritan                                               | "                                                                                                            | **   | 268,710          |
| *   | Fidelity Select Tech Hardware Portfolio                        | "                                                                                                            | **   | 3,544            |
| *   | Fidelity Select Consumer Staples Fund                          | "                                                                                                            | **   | 89,073           |
| *   | Fidelity Value Strategies Fund                                 | "                                                                                                            | **   | 173,839          |
| *   | Fidelity GNMA Fund                                             | "                                                                                                            | **   | 4,505            |
| *   | Fidelity Magellan Fund                                         | "                                                                                                            | **   | 361,023          |
| *   | Fidelity Contrafund                                            | "                                                                                                            | **   | 1,294,518        |
| *   | Fidelity Equity Income Fund                                    | "                                                                                                            | **   | 53,976           |
| *   | Fidelity Growth Company Fund                                   | "                                                                                                            | **   | 712,456          |
| *   | Fidelity Investment Grade Bond Fund                            | "                                                                                                            | **   | 61,879           |
| *   | Fidelity Growth & Income Fund                                  | "                                                                                                            | **   | 16,782           |
| *   | Fidelity Select Software Fund                                  | "                                                                                                            | **   | 3,893            |
| *   | Fidelity Intermediate Bond Fund                                | "                                                                                                            | **   | 31,117           |
| *   | Fidelity Capital & Income Fund                                 | "                                                                                                            | **   | 16,772           |
| *   | Fidelity Select Gold Fund                                      | "                                                                                                            | **   | 1,916            |
| *   | Fidelity Select Biotechnology Fund                             | "                                                                                                            | **   | 103,770          |
| *   | Fidelity Cash Reserve Fund                                     | "                                                                                                            | **   | 67,812           |
| *   | Fidelity Select Energy Fund                                    | "                                                                                                            | **   | 1,626            |
| *   | Fidelity Select Technology Fund                                | "                                                                                                            | **   | 10,641           |
| *   | Fidelity Select Chemicals Fund                                 | "                                                                                                            | **   | 35,995           |
| *   | Fidelity OTC Portfolio Fund                                    | "                                                                                                            | **   | 60,842           |
| *   | Fidelity Overseas Fund                                         | "                                                                                                            | **   | 7,438            |
| *   | Fidelity Leveraged Company Stock Fund                          | "                                                                                                            | **   | 184,527          |
| *   | Fidelity New Millennium Fund                                   | "                                                                                                            | **   | 455,232          |
| *   | Fidelity Europe Fund                                           | "                                                                                                            | **   | 10,797           |
| *   | Fidelity Real Estate Investment Fund                           | "                                                                                                            | **   | 131,187          |
| *   | Fidelity Balanced Fund                                         | "                                                                                                            | **   | 191,893          |
| *   | Fidelity International Discovery Fund                          | "                                                                                                            | **   | 21,765           |
| *   | Fidelity Convertible Securities Fund                           | "                                                                                                            | **   | 16,737           |
| *   | Fidelity Canada Fund                                           | "                                                                                                            | **   | 6,806            |
| *   | Fidelity Telecom & Utilities Fund                              | "                                                                                                            | **   | 1,788            |
| *   | Fidelity Blue Chip Growth Fund                                 | "                                                                                                            | **   | 1,056,246        |
| *   | Fidelity Asset Manager 50% Fund                                | "                                                                                                            | **   | 28,690           |
| *   | Fidelity Disciplined Equity Fund                               | "                                                                                                            | **   | 79,239           |
| *   | Fidelity Low Priced Stock Fund                                 | "                                                                                                            | **   | 991,484          |
| *   | Fidelity Emerging Markets Fund                                 | "                                                                                                            | **   | 14,561           |
| *   | Fidelity Growth Strategies Fund                                | "                                                                                                            | **   | 156,771          |
| *   | Fidelity Diversified International Fund                        | "                                                                                                            | **   | 265,277          |
| *   | Fidelity Dividend Growth Fund                                  | "                                                                                                            | **   | 269,922          |
| *   | Fidelity Tock Selector Small Cap Fund                          | "                                                                                                            | **   | 42,102           |
| *   | Fidelity Mid Cap Stock Fund                                    | "                                                                                                            | **   | 119,608          |
| *   | Fidelity Asset Manager 85% Fund                                | "                                                                                                            | **   | 114,232          |
| *   | Fidelity Latin America Fund                                    | "                                                                                                            | **   | 4,334            |
| *   | Fidelity Emerging Asia Fund                                    | "                                                                                                            | **   | 9,431            |
| *   | Fidelity Multi-Asset Index Fund                                | "                                                                                                            | **   | 105,655          |
| *   | Fidelity Freedom Income Fund                                   | "                                                                                                            | **   | 120,403          |
| *   | Fidelity Freedom 2010 Fund                                     | "                                                                                                            | **   | 4,302            |
| *   | Fidelity Freedom 2020 Fund                                     | "                                                                                                            | **   | 386,151          |
| *   | Fidelity Freedom 2030 Fund                                     | "                                                                                                            | **   | 1,709,564        |
| *   | Fidelity US Treasury Money Market Fund                         | "                                                                                                            | **   | 50,534           |
| *   | Fidelity Short Term Bond Fund                                  | "                                                                                                            | **   | 787              |
| *   | Fidelity Intermediate Government Income Fund                   | "                                                                                                            | **   | 22,953           |
| *   | Fidelity Money Market Fund                                     | "                                                                                                            | **   | 3,942            |

## BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2021

| (a) | (b)                                                                     | (c)                                                                                                          | (d)  | (e)              |
|-----|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of issue, borrower,<br>lessor or similar party                 | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| -   |                                                                         |                                                                                                              |      |                  |
| *   | Fidelity US Government Money Market Fund                                | "                                                                                                            | **   | 2,751,804        |
| *   | Fidelity Select Materials Fund                                          | "                                                                                                            | **   | 326,960          |
| *   | Fidelity Select Pharmaceutical Fund                                     | "                                                                                                            | **   | 16,066           |
| *   | Fidelity Limited Term Government Fund                                   | "                                                                                                            | **   | 2,380            |
| *   | Fidelity Freedom 2040 Fund                                              | "                                                                                                            | **   | 706,225          |
| *   | Fidelity Freedom 2015 Fund                                              | "                                                                                                            | **   | 2,807            |
| *   | Fidelity Freedom 2025 Fund                                              | "                                                                                                            | **   | 771,670          |
| *   | Fidelity Freedom 2035 Fund                                              | "                                                                                                            | **   | 235,345          |
| *   | Fidelity Small Cap Value Fund                                           | "                                                                                                            | **   | 41,409           |
| *   | Fidelity Freedom 2045 Fund                                              | "                                                                                                            | **   | 83,310           |
| *   | Fidelity Freedom 2050 Fund                                              | "                                                                                                            | **   | 16,082           |
| *   | Fidelity US Bond Fund                                                   | "                                                                                                            | **   | 12,518           |
| *   | Fidelity 500 Index Fund                                                 | "                                                                                                            | **   | 693,042          |
| *   | Fidelity Small Cap Fund                                                 | "                                                                                                            | **   | 381,694          |
| *   | Fidelity Total Market Index Fund                                        | "                                                                                                            | **   | 9,318,511        |
| *   | Fidelity International Index Fund                                       | "                                                                                                            | **   | 225,398          |
| *   | Fidelity Extended Market Index Fund                                     | "                                                                                                            | **   | 460,468          |
| *   | Fidelity Inflation-Protected Bond Fund                                  | "                                                                                                            | **   | 48,078           |
| *   | Fidelity Government Money Market                                        | "                                                                                                            | **   | 20,480           |
| *   | Fidelity Strategic Income Fund                                          | "                                                                                                            | **   | 127,021          |
|     | Total mutual funds                                                      |                                                                                                              |      | 169,307,291      |
| *   | TIAA-CREF Self Directed Account                                         | Self directed brokerage accounts                                                                             | **   | 828,125          |
| *   | Fidelity Brokerage Link                                                 | "                                                                                                            | **   | 12,685,495       |
|     | Total self directed brokerage accounts                                  |                                                                                                              |      | 13,513,620       |
|     | Total investments at fair value                                         |                                                                                                              |      | 290,745,476      |
|     | Total investments on the statement of net assets available for benefits |                                                                                                              |      | 310,247,812      |
| *   | Participant Loans                                                       | (4.50% - 6.50%)                                                                                              | -    | 135,843          |
|     | Total investments on the Form 5500                                      |                                                                                                              |      | \$ 310,383,655   |

\*\* Cost omitted for participant directed investments.

\* Indicates party-in-interest to the Plan.