Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

110 EIGHTH STREET
TROY, NY 12180-3590

2b Employer Identification Number (EIN) 14-1340095

2c Plan Sponsor's telephone number 518-276-6426

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/06/2023	LOUIS A. PADULA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2023	EILEEN G. MCLOUGHLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT COMMITTEE FOR RENSSELAER POLYTECHNIC INSTITUTE

110 EIGHTH STREET
TROY, NY 12180-3590

3b Administrator's EIN
14-1596468

3c Administrator's telephone number
518-276-6303

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	3816
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1630
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1605
b Retired or separated participants receiving benefits	**6b**	10
c Other retired or separated participants entitled to future benefits	**6c**	2347
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3962
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	36
f Total. Add lines **6d** and **6e**	**6f**	3998
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3867
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2L

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

D Employer Identification Number (EIN)
14-1340095

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	104193	1122	07/01/2021	06/30/2022

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	4986367
5	Current value of plan's interest under this contract in separate accounts at year end	5	8557771

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	4756587
c	Additions: (1) Contributions deposited during the year	7c(1)	186714		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	177856		
	(4) Transferred from separate account	7c(4)	176909		
	(5) Other (specify below)	7c(5)	1164		
	▶				
	(6)Total additions			7c(6)	542643
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5299230
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	214965		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	97317		
	(4) Other (specify below)	7e(4)	581		
	▶				
	(5) Total deductions			7e(5)	312863
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4986367

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

D Employer Identification Number (EIN)
14-1340095

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

TIAA-CREF

13-1624203

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

STRATEGIC ADVISORS, INC.

04-2654524

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
CRLN E SM CAP GR 1-U - US BANK N.A 31-0841368	0.15% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
MM MIDCAP GR SV - STATE STREET 04-0025081	0.25% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
AF EUROPAC GROWTH R5 - AMERICAN FUN 95-2566717	0.05% BPS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
NUVEEN REAL ESTATE I - DST ASSET MA 430 W 7TH STREET STE KANSAS CITY, MO 64105	0.25% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
JH DSCPL VAL MDCP I - JOHN HANCOCK 01-0233346	0.10% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
MFS VALUE R4 - MFS SERVICE CENTER 04-2865649	0.15% BPS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
GS SM CAP VALUE INST - GOLDMAN, SAC 13-5108880	0.12% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
METWEST TOT RTN BD I - BNY MELLON I 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.10% BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
MFS INTL VALUE R4 - MFS SERVICE CEN 04-2865649	0.15% BPS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

D Employer Identification Number (EIN)
14-1340095

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-005	P	1162289

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(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
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

D Employer Identification Number (EIN)
14-1340095

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	974706	1162287
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38451979	31969728
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4756587	4986367
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	44183272	38118382
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	71	71
k	Total liabilities (add all amounts in lines 1g through1j)	1k	71	71
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	44183201	38118311

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	1491033	
	(C) Others (including rollovers)	2a(1)(C)	545322	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2036355
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	31685	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31685
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2640838	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2640838
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income	2c		-8429469
d Total income. Add all **income** amounts in column (b) and enter total	2d		-3720591
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2341109	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2341109
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3190	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3190
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2344299
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-6064890
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		4986367
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE

D Employer Identification Number (EIN)
14-1340095

Part I Distributions

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

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

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

EIN(s): 13-1624203 04-2712880

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 255

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 _____

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN
FOR EMPLOYEE CONTRIBUTIONS

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
(and Report of Independent Auditor)

For the Years Ended June 30, 2022 and 2021

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1-4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits at June 30, 2022 and 2021	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended June 30, 2022 and June 30, 2021	6
Notes to the Financial Statements	7-13
SUPPLEMENTAL SCHEDULE *	
Schedule of Assets (Held at end of year)	14-15

* Other schedules required by Section CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value:		
Mutual funds	$ 24,574,249	$ 29,430,860
Variable annuities	7,395,479	9,021,119
Pooled separate accounts	1,162,287	974,706
Fixed annuity contracts	4,986,367	4,756,587
Total Investments/Assets	38,118,382	44,183,272
Liabilities		
Fees Payable	71	71
Net assets available for benefits	$ 38,118,311	$ 44,183,201

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

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For The Years Ended June 30, 2022 and 2021

ADDITIONS	2022	2021
Investment Income:		
Interest	$ 31,685	$ 33,012
Dividends	2,640,838	1,761,758
Net (depreciation) / appreciation in fair value of investments	(8,429,469)	7,971,809
	(5,756,946)	9,766,579
Participant contributions	1,491,033	1,312,774
Transfers into the plan	545,322	203,777
Total additions	(3,720,591)	11,283,130
DEDUCTIONS		
Benefit payments	2,341,109	1,689,748
Administrative expenses	3,190	155
Total deductions	2,344,299	1,689,903
Changes in net assets available for benefits	(6,064,890)	9,593,227
Net assets available for benefits:		
Beginning of year	44,183,201	34,589,974
End of year	$ 38,118,311	$ 44,183,201

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

1. DESCRIPTION OF PLAN

The following description of The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee Contributions ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all employees who are employed by Rensselaer Polytechnic Institute (the "Institute") other than employees who are classified as students receiving wages that are exempt from FICA taxes. For the purposes of the Plan, employees of the Institute also include employees of the Rensselaer Hartford Graduate Center, Inc. The employees of the Rensselaer Hartford Graduate Center, Inc. were permitted to join the Plan on July 1, 1997. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

The Institute amended the Institute's Defined Contribution Plan to provide that employees who are affected by the cessation of benefit accruals under the Defined Benefit Plan are eligible to enroll in the Defined Contribution Plan, as of July 1, 2014.

(b) Contributions

Participants may contribute a percentage of the annual compensation on a pretax basis, subject to IRS limits on compensation. Participants may elect to allocate their contributions among Fidelity Management Trust Company, Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF) investment options. Except for fixed annuity contracts, the number of units purchased is based on the net asset value of the investment unit on the day the contributions are received.

Beginning July 1, 2021, contributions will have annual automatic increase feature (auto escalation feature) pursuant to which an eligible employee's contribution to the plan will increase automatically each year for a period of seven years from the current (fixed) minimum of one percent of eligible earning to a maximum of eight percent of eligible earnings (unless the employee affirmatively elects a different contribution rate, including zero present). Participants have an option to contribute at rates other than the rates determined pursuant to the auto escalation feature. Eligible employees may make additional voluntary contributions on an after-tax (Roth) basis.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution, and a share of the Plan returns, less administrative fees. Allocations are based on participant returns or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are always fully vested in the contributions they make to the Plan plus the actual earnings (losses) thereon.

(e) Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or a life annuity. Survivors may elect to receive death benefits in installments rather than in a lump sum or survivor annuity.

(f) Plan Administration Costs

As Plan sponsor, the Institute assumes the costs associated with the administration of the Plan. Costs associated with the administration of plan assets are charged to the Plan, which offset any investment earnings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

(c) Risks and Uncertainties

The Plan provides for various investment options in mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, currency, political and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in such risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

(d) Investment Valuation and Income Recognition

The Plan invests in mutual funds, variable annuities, pooled separate accounts and fixed annuity contracts. The Plan's investments in money market funds are generally valued at amortized cost, which approximates fair value. Mutual funds, pooled separate accounts, and variable annuities are reported at fair value. Securities listed or traded on domestic stock exchanges are valued daily at the final sales price or at the mean of the closing bid and asked prices if no sales are reported.

The Plan also holds a non-benefit responsive guaranteed investment contract with TIAA, which is reported at the contract value which approximates fair value. TIAA maintains the contributions in a general account. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Purchases and sales of securities are reflected on a trade date basis. Interest

income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and is reflected in the statements of changes in net assets available for benefits. All investments are participant directed.

Investments issued and held by the Plan, excluding guaranteed contracts, are traded in active markets based on the net value of the Plan's shares in the fund. Securities issued by TIAA and its subsidiaries are valued as follows:

- **Variable Annuities -** These accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing.

- **Pooled Separate Accounts** - Value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The Real Estate Account sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources.

- **Mutual Funds -** These funds invest principally in equity securities, fixed-income instruments, other mutual funds and short-term instruments in accordance with each fund's investment objectives. Fund holdings are generally valued using market quotations or prices obtained from independent pricing services, except those held by the TIAA-CREF Money Market Fund, whose holdings are valued at amortized cost.

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

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in fair value of its investments, which consists of the realized gains and losses and unrealized appreciation/(depreciation).

(e) Payments of Benefits

Benefits are recorded when paid.

3. FAIR VALUE MEASUREMENTS OF INVESTMENTS

ASC Topic 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value under US GAAP and requires certain disclosures about fair value measurements. The standard provides a consistent definition of fair value focusing on an exit price, which is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date.

The standard also establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of

the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Plan for financial instruments measured at fair value on a recurring basis. A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels of inputs are as follows:

- Level 1 – Quoted prices in active markets for identical assets. Market price data is generally obtained from exchange or dealer markets.

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets. Inputs are obtained from various sources including market participants, dealers and brokers.

- Level 3 – Pricing inputs are unobservable and include situations where there is little, if any, market activity for the investment.

The following table presents by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of June 30, 2022 and 2021 (in thousands):

	2022		
Investments	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Mutual Funds	$ 24,574	$ -	24,574
Variable Annuities	7,396	-	7,396
Pooled Separate Accounts	1,162	-	1,162
Fixed Annuity Contracts	-	4,986	4,986
Total Investments at Fair Value	$ 33,132	$ 4,986	$ 38,118

	2021		
Investments	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Mutual Funds	$ 29,430	$ -	$ 29,430
Variable Annuities	9,021	-	9,021
Pooled Separate Accounts	975	-	975
Fixed Annuity Contracts	-	4,757	4,757
Total Investments at Fair Value	$ 39,426	$ 4,757	$ 44,183

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at June 30 (in thousands):

Type	Fair value 2022	Fair value 2021	Valuation technique	Significant unobservable inputs	Range
Non Benefit Responsive Annuity Contracts	$4,986	$4,757	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00% - 3.80%

TIAA Traditional Annuity account balances are reported at contract value which approximates fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals and administrative expenses, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates.

The following table is a roll forward of the assets classified within Level 3 of the fair value hierarchy at June 30, 2022 and 2021 (in thousands):

	2022
	Fixed Annuity Contract
Fair value, July 1, 2021	$ 4,757
Additions	186
Distributions / Redemptions	(215)
Investment Earnings (interest and dividends)	179
Transfers from Level 1	79
Fair value, June 30, 2022	$ 4,986

	2021 Fixed Annuity Contract
Fair value, July 1, 2020	$ 4,542
Additions	98
Distributions / Redemptions	(187)
Investment Earnings (interest and dividends)	174
Transfers from Level 1	130
Fair value, June 30, 2021	$ 4,757

The availability of observable market data is monitored by the Institute to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation technics may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

4. **CERTIFICATION**

The Plan administrator has elected the method of compliance permitted by Section CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA, FSB and CREF and Fidelity Management Trust Company have certified the completeness and accuracy of all investments reflected in the accompanying Statements of Net Assets Available for Benefits as of June 30, 2022 and 2021, net appreciation/(depreciation) in fair value of investments and interest and dividends in the Statements of Changes in Net Assets Available for Benefits for the years ended June 30, 2022 and 2021, and the investments included in the Schedule of Assets (Held at End of year).

5. **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Institute has the right under the Plan document to terminate the Plan subject to the provisions of ERISA.

6. **TAX STATUS**

The Plan is exempt from federal and state income tax under Section 403(b) of the Code.

The Plan is required to operate in conformity with the Internal Revenue Code to maintain its tax exempt status for Plan participants. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. **RELATED PARTY TRANSACTIONS**

The Plan's investments are managed by Fidelity Management Trust Company, TIAA, FSB and CREF. As such, transactions between participants investing in these funds and the Plan qualify as party-in-interest.

8. SUBSEQUENT EVENTS

The Plan has performed an evaluation of subsequent events through April 8, 2022, the date on which the financial statements were available to be issued.

RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION PLAN FOR RETIRED EMPLOYEE CONTRIBUTIONS

SCHEDULE H - ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT YEAR END) JUNE 30, 2022

Plan: 005
ID # 14-1340095

(a) Party-in-Interest	(b) Identity of Issue	(c) Description of Investments	Units of Participation	Unit Value	(d) Cost	(e) Fair Value
	Mutual Funds				**	
	TIAA-CREF:					
		Vanguard Target Retire 2015	16,430.860	12.88		$ 211,629
		Vanguard Target Retire 2020	20,276.234	26.74		542,186
		Vanguard Target Retire 2025	44,300.624	17.16		760,199
		Vanguard Target Retire 2030	31,313.485	32.02		1,002,658
		Vanguard Target Retire 2035	26,570.718	19.7		523,443
		Vanguard Target Retire 2040	31,085.831	34.43		1,070,285
		Vanguard Target Retire 2045	40,562.673	23.04		934,564
		Vanguard Target Retire 2050	14,932.765	37.96		566,848
		Vanguard Target Retire 2055	8,443.434	42.26		356,820
		Vanguard Target Retire Income	18,438.243	12.65		233,244
		Vanguard Ttl Bd Mkt Idx Adm	11,782.217	9.91		116,762
		Vanguard Target Retire 2060	1,118.012	38.88		43,468
		Vanguard Target Retire 2065	16.915	25.44		430
*		TIAA-CREF Social Ch Eq-Inst	20,994.007	22.27		467,537
		Vanguard Inst Idx Inst	2,410.920	320.61		772,965
		Vanguard Federal Money Mkt Inv	118,768.740	1		118,769
		Vanguard Extended Mkt Idx Adm	3,274.452	99.48		325,743
		American EuroPac Growth R6	6,872.985	48.22		331,415
		Principal Small Cap Grwth I R6	3,639.367	11.85		43,126
		Vanguard Infl Protect Sec Adm	776.286	25.08		19,469
		Vanguard Ttl Intl Stk Idx Adm	11,023.553	27.63		304,581
		Principal Real Estate Sec R6	5,254.077	27.69		145,485
		MassMutual Mid Cap Growth I	5,924.329	19.2		113,747
		MFS Value Fund Class R6	6,004.143	46.74		280,634
		JPMorgan Large Cap Growth R6	12,660.048	47.51		601,479
		MFS Intl Intrinsic Value R6	11,016.374	39.31		433,054
		Metropolitan West TotRet Bnd I	45,912.201	8.95		410,914
		John Hancock Discip V Md Cp R6	11,822.050	23.77		281,010
		Goldman Sachs Sml Cap Val R6	1,663.556	47.51		79,036
		Subtotal TIAA-CREF				11,091,500
	Fidelity Management Trust Co:					
		MFS INTL INTR VAL R6	6,166.338	39.310		242,399
		MFS VALUE R6	6,612.392	46.740		309,063
		METWEST TOT RTN BD P	32,315.074	8.950		289,220
		AF EUROPAC GROWTH R6	5,395.346	48.220		260,164
		GS SM CAP VALUE R6	2,033.900	47.510		96,631
		JH DSCPL VAL MDCP R6	8,526.662	23.770		202,679
		MM MID CAP GRTH I	6,409.185	19.200		123,056
		PIF REAL EST SEC R6	5,113.328	27.690		141,588
		PIF SMCP GRTH I R6	10,596.523	11.850		125,569
*		FID GOVT MMKT K6	632,663.310	1.000		632,663
*		FID INFL PR BD IDX	4,217.537	10.150		42,808
*		FID EXTD MKT IDX	998.360	62.460		62,358
*		FID INTL INDEX	1,603.252	39.830		63,858
*		FID 500 INDEX	12,921.328	131.920		1,704,582
*		FID US BOND IDX	22,271.904	10.640		236,973
*		FID BALANCED K6	128,713.070	12.200		1,570,299
*		FID CONTRAFUND K6	236,055.788	16.750		3,953,934
		VANG TARGET RET 2055	2,025.213	42.260		85,586
		VANG TARGET RET 2065	153.759	25.440		3,912
		VANG TARGET RET 2020	19,231.779	26.740		514,258
		VANG TARGET RET 2030	27,672.294	32.020		886,067
		VANG TARGET RET 2040	10,072.360	34.430		346,791

		VANG TARGET RET 2050	6,379.392	37.960	242,162
		VANG TARGET RET INC	7,188.360	12.650	90,933
		VANG TARGET RET 2015	2,680.168	12.880	34,521
		VANG TARGET RET 2025	31,801.972	17.160	545,722
		VANG TARGET RET 2035	23,368.166	19.700	460,353
		VANG TARGET RET 2045	8,198.765	23.040	188,900
		VANG TARGET RET 2060	661.010	38.880	25,700
		Subtotal Fidelity			13,482,749
		Total Mutual Funds			24,574,249
	Variable Annuities				
	College Retirement Equities Fund:				
*		CREF Stock R2	5,596.786	621.3786	3,477,723
*		CREF Money Market R2	8,531.577	26.6205	227,115
*		CREF Social Choice R2	2,993.339	289.6926	867,148
*		CREF Core Bond R2	1,114.491	126.2025	140,652
*		CREF Global Equities R2	2,415.388	228.1535	551,079
*		CREF Growth R2	3,616.003	277.5108	1,003,480
*		CREF Equity Index R2	2,278.983	323.7699	737,866
*		CREF Inflation-Linked Bond R2	4,905.535	79.5868	390,416
		Total Variable Annuities			7,395,479
	Pooled Separate Accounts				
	Teachers Insurance and Annuity Association:				
*		TIAA Real Estate	2,037.411	570.4727	1,162,287
	Fixed Annuity Contracts				
	Teachers Insurance and Annuity Association:				
*		TIAA Traditional Non Benefit Resp	n/a	n/a	4,986,367
		Total Assets at End of Year			$ 38,118,382

* Party-in-interest

** Cost Omitted as Participant Directed

The information in this schedule has been certified as to its completeness and accuracy by TIAA-CREF and Fidelity Management Trust Company

The acccompanying notes are an integral part of this schedule

RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION PLAN FOR RETIRED EMPLOYEE CONTRIBUTIONS

SCHEDULE H - ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT YEAR END) JUNE 30, 2022

Plan: 005
ID # 14-1340095

(a) Party-in-Interest	(b) Identity of Issue	(c) Description of Investments	Units of Participation	Unit Value	(d) Cost	(e) Fair Value
	Mutual Funds				**	
	TIAA-CREF:					
		Vanguard Target Retire 2015	16,430.860	12.88		$ 211,629
		Vanguard Target Retire 2020	20,276.234	26.74		542,186
		Vanguard Target Retire 2025	44,300.624	17.16		760,199
		Vanguard Target Retire 2030	31,313.485	32.02		1,002,658
		Vanguard Target Retire 2035	26,570.718	19.7		523,443
		Vanguard Target Retire 2040	31,085.831	34.43		1,070,285
		Vanguard Target Retire 2045	40,562.673	23.04		934,564
		Vanguard Target Retire 2050	14,932.765	37.96		566,848
		Vanguard Target Retire 2055	8,443.434	42.26		356,820
		Vanguard Target Retire Income	18,438.243	12.65		233,244
		Vanguard Ttl Bd Mkt Idx Adm	11,782.217	9.91		116,762
		Vanguard Target Retire 2060	1,118.012	38.88		43,468
		Vanguard Target Retire 2065	16.915	25.44		430
*		TIAA-CREF Social Ch Eq-Inst	20,994.007	22.27		467,537
		Vanguard Inst Idx Inst	2,410.920	320.61		772,965
		Vanguard Federal Money Mkt Inv	118,768.740	1		118,769
		Vanguard Extended Mkt Idx Adm	3,274.452	99.48		325,743
		American EuroPac Growth R6	6,872.985	48.22		331,415
		Principal Small Cap Grwth I R6	3,639.367	11.85		43,126
		Vanguard Infl Protect Sec Adm	776.286	25.08		19,469
		Vanguard Ttl Intl Stk Idx Adm	11,023.553	27.63		304,581
		Principal Real Estate Sec R6	5,254.077	27.69		145,485
		MassMutual Mid Cap Growth I	5,924.329	19.2		113,747
		MFS Value Fund Class R6	6,004.143	46.74		280,634
		JPMorgan Large Cap Growth R6	12,660.048	47.51		601,479
		MFS Intl Intrinsic Value R6	11,016.374	39.31		433,054
		Metropolitan West TotRet Bnd I	45,912.201	8.95		410,914
		John Hancock Discip V Md Cp R6	11,822.050	23.77		281,010
		Goldman Sachs Sml Cap Val R6	1,663.556	47.51		79,036
		Subtotal TIAA-CREF				11,091,500
	Fidelity Management Trust Co:					
		MFS INTL INTR VAL R6	6,166.338	39.310		242,399
		MFS VALUE R6	6,612.392	46.740		309,063
		METWEST TOT RTN BD P	32,315.074	8.950		289,220
		AF EUROPAC GROWTH R6	5,395.346	48.220		260,164
		GS SM CAP VALUE R6	2,033.900	47.510		96,631
		JH DSCPL VAL MDCP R6	8,526.662	23.770		202,679
		MM MID CAP GRTH I	6,409.185	19.200		123,056
		PIF REAL EST SEC R6	5,113.328	27.690		141,588
		PIF SMCP GRTH I R6	10,596.523	11.850		125,569
*		FID GOVT MMKT K6	632,663.310	1.000		632,663
*		FID INFL PR BD IDX	4,217.537	10.150		42,808
*		FID EXTD MKT IDX	998.360	62.460		62,358
*		FID INTL INDEX	1,603.252	39.830		63,858
*		FID 500 INDEX	12,921.328	131.920		1,704,582
*		FID US BOND IDX	22,271.904	10.640		236,973
*		FID BALANCED K6	128,713.070	12.200		1,570,299
*		FID CONTRAFUND K6	236,055.788	16.750		3,953,934
		VANG TARGET RET 2055	2,025.213	42.260		85,586
		VANG TARGET RET 2065	153.759	25.440		3,912
		VANG TARGET RET 2020	19,231.779	26.740		514,258
		VANG TARGET RET 2030	27,672.294	32.020		886,067
		VANG TARGET RET 2040	10,072.360	34.430		346,791

		VANG TARGET RET 2050	6,379.392	37.960	242,162
		VANG TARGET RET INC	7,188.360	12.650	90,933
		VANG TARGET RET 2015	2,680.168	12.880	34,521
		VANG TARGET RET 2025	31,801.972	17.160	545,722
		VANG TARGET RET 2035	23,368.166	19.700	460,353
		VANG TARGET RET 2045	8,198.765	23.040	188,900
		VANG TARGET RET 2060	661.010	38.880	25,700
		Subtotal Fidelity			13,482,749
		Total Mutual Funds			24,574,249
	Variable Annuities				
	College Retirement Equities Fund:				
*		CREF Stock R2	5,596.786	621.3786	3,477,723
*		CREF Money Market R2	8,531.577	26.6205	227,115
*		CREF Social Choice R2	2,993.339	289.6926	867,148
*		CREF Core Bond R2	1,114.491	126.2025	140,652
*		CREF Global Equities R2	2,415.388	228.1535	551,079
*		CREF Growth R2	3,616.003	277.5108	1,003,480
*		CREF Equity Index R2	2,278.983	323.7699	737,866
*		CREF Inflation-Linked Bond R2	4,905.535	79.5868	390,416
		Total Variable Annuities			7,395,479
	Pooled Separate Accounts				
	Teachers Insurance and Annuity Association:				
*		TIAA Real Estate	2,037.411	570.4727	1,162,287
	Fixed Annuity Contracts				
	Teachers Insurance and Annuity Association:				
*		TIAA Traditional Non Benefit Resp	n/a	n/a	4,986,367
		Total Assets at End of Year			$ 38,118,382

* Party-in-interest

** Cost Omitted as Participant Directed

The information in this schedule has been certified as to its completeness and accuracy by TIAA-CREF and Fidelity Management Trust Company

The acccompanying notes are an integral part of this schedule