

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 <h2 style="text-align: center;">2023</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>RENSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS</u>	1b Three-digit plan number (PN) ▶ <u>006</u>
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) <u>RENSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u> <u>110 EIGHTH STREET</u> <u>TROY, NY 12180-3590</u>	1c Effective date of plan <u>07/01/1993</u> 2b Employer Identification Number (EIN) <u>14-1340095</u> 2c Plan Sponsor's telephone number <u>518-276-6426</u> 2d Business code (see instructions) <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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	LOUIS A. PADULA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2025	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 <input type="checkbox"/> 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
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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
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5 Total number of participants at the beginning of the plan year	5	3351
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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)	1696
a(2) Total number of active participants at the end of the plan year	6a(2)	1842
b Retired or separated participants receiving benefits	6b	14
c Other retired or separated participants entitled to future benefits	6c	1579
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3435
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	5
f Total. Add lines 6d and 6e	6f	3440
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	3211
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	3322
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	90

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2K

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RENSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS		B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 RENSELAER 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	104192	977	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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 32241036
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 64138797
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 29747803
c	Additions: (1) Contributions deposited during the year	7c(1) 244075
	(2) Dividends and credits	7c(2) 0
	(3) Interest credited during the year	7c(3) 1412495
	(4) Transferred from separate account.....	7c(4) 1929155
	(5) Other (specify below)	7c(5) 101136
	▶	
	(6) Total additions	7c(6) 3686861
d	Total of balance and additions (add lines 7b and 7c(6))	7d 33434664
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 666832
	(2) Administration charge made by carrier	7e(2) 0
	(3) Transferred to separate account.....	7e(3) 482343
	(4) Other (specify below)	7e(4) 44453
▶		
	(5) Total deductions	7e(5) 1193628
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 32241036

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSSELAER CONTRIBUTIONS	B Three-digit plan number (PN) ▶	006
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)... 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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

OPERATIONS COMPANY, INC.
82 DEVONSHIRE STREET
BOSTON, MA 02109-3614

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	87557	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TIAA - TEACHERS INSURANCE AND ANN

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	68196	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAP FINANCIAL PARTNERS

27-6095734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	43500	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)

CAP FINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	21750	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)

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RENSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RENSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u>	D Employer Identification Number (EIN) <u>14-1340095</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5647097</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RENSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RENSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u>	D Employer Identification Number (EIN) <u>14-1340095</u>	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	6039506	5647097
(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)	251863924	298511242
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	29747803	32241036
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	287651233	336399375
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	271553	338349
k Total liabilities (add all amounts in lines 1g through 1j)	1k	271553	338349
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	287379680	336061026

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)	11961555	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	148182	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12109737
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)	726652	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		726652
(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)	6944625	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6944625
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		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		40923797
d Total income. Add all income amounts in column (b) and enter total.....	2d		60704811

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11799199	
(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)		11799199
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	224266	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		224266
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12023465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		48681346
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?	X		32241036
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?.....		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.).....	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.).....		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RENSELAEER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAEER CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RENSELAEER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u>	D Employer Identification Number (EIN) <u>14-1340095</u>	

Part I	Distributions
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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
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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	173
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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.)
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN
FOR RENSELAER CONTRIBUTIONS**

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

For the Years Ended June 30, 2024 and 2023

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1-4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits at June 30, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended June 30, 2024 and 2023	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.

INDEPENDENT AUDITOR'S REPORT

April 8, 2025

To the Board of Directors of
Rensselaer Polytechnic Institute:

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

We have performed audits of the financial statements of Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer Contributions, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2024, and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2024, and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements referred to above, 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.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

We conducted our audits 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 Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer Contributions and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer Contribution'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 Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer Contribution's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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 the form and content, is presented in conformity with the Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution 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).

Bonadio & Co., LLP

**RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSSELAER CONTRIBUTIONS**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2024 and 2023

	2024	2023
Assets		
Investments at Fair Value:		
Mutual funds	\$ 240,019,542	\$ 199,965,966
Variable annuities	58,491,700	51,897,958
Pooled separate accounts	5,647,097	6,039,506
Fixed annuity contracts	32,241,036	29,747,803
Total Assets	<u>336,399,375</u>	<u>287,651,233</u>
Liabilities		
Net forfeitures available	<u>338,349</u>	<u>271,553</u>
Net assets available for benefits	<u>\$ 336,061,026</u>	<u>\$ 287,379,680</u>

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

RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSSELAER CONTRIBUTIONS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For The Years Ended June 30, 2024 and 2023

ADDITIONS	2024	2023
Investment Income		
Interest	\$ 726,652	\$ 575,263
Dividends	6,944,625	6,523,885
Net appreciation in fair value of investments	40,923,797	25,886,061
	<u>48,595,074</u>	<u>32,985,209</u>
Employer contributions	11,961,555	10,815,658
Transfers into the plan	148,182	115,336
Total additions	\$ 60,704,811	\$ 43,916,203
DEDUCTIONS		
Benefit payments	\$ 11,799,199	\$ 13,242,316
Administrative expenses	224,266	243,834
Total deductions	\$ 12,023,465	\$ 13,486,150
Change in net assets available for benefits	48,681,346	30,430,053
Net assets available for benefits:		
Beginning of year	287,379,680	256,949,627
End of year	\$ 336,061,026	\$ 287,379,680

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

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of the Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer 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 employees who are employed by Rensselaer Polytechnic Institute (the "Institute") and have met minimum service requirements. Employees scheduled to work 1,000 hours or more per fiscal year may enroll in the Plan. Employees hired before February 1, 2006 and scheduled to work 720 hours per fiscal year, including at least 16 weeks of at least 20 hours per week, are also eligible for enrollment in the Plan. 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

The Institute makes Plan contributions on a monthly basis equal to 8% of participating employees' pretax annual compensation, less any forfeitures and subject to IRS limits on compensation. Forfeitures may be used to reduce future employer contributions. Approximately, \$323,000 and \$183,000 of forfeitures were used to reduce contributions during 2024 and 2023, respectively.

Participants may elect to allocate employer contributions among Fidelity Management Trust Company, Teachers Insurance (TIAA) and Annuity Association 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. The participants transferred by roll-over \$148,182 and \$115,336 into the plan for the years ended June 30, 2024 and June 30, 2023, respectively.

(c) Transfers into the Plan

Transfers into the plan include participant rollovers and balance forwards.

(d) Participant Accounts

Each participant's account is credited with the Institute'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.

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

(e) *Vesting*

Vesting in the Institute's contributions plus actual earnings/losses thereon is based on years of service. A participant is 100% vested after three years of credited service. Prior to three years of service, no amount is vested.

(f) *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.

(g) *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) *Investments Valuation and Income Recognition*

The Plan invests in mutual funds, variable annuities, pooled separate accounts and fixed annuity contracts. 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.

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

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 are traded in active markets based on the net value of the Plan's shares in the fund and are valued as follows:

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.

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 Agent sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources.

Fixed Annuity Contracts – Value is calculated as accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

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 enhances disclosures about fair value measurements. The standard provides a consistent

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

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.

There were no changes in valuation techniques during 2024 or 2023.

The following tables present by level, within the fair value hierarchy, the Plan’s investments measured at fair value on a recurring basis as of June 30 (in thousands):

	2024		
	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Investments			
Mutual Funds	\$ 240,019	\$ -	\$ 240,019
Variable Annuities	58,492	-	58,492
Pooled Separate Accounts	5,647	-	5,647
Fixed Annuity Contracts	-	32,241	32,241
Total Investments at Fair Value	\$ 304,158	\$ 32,241	\$ 336,399

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

Investments	2023		
	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Mutual Funds	\$ 199,966	\$ -	\$ 199,966
Variable Annuities	51,898	-	51,898
Pooled Separate Accounts	6,039	-	6,039
Fixed Annuity Contracts	-	29,748	29,748
Total Investments at Fair Value	\$ 257,903	\$ 29,748	\$ 287,651

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):

<u>Type</u>	<u>Fair value</u> <u>2024</u>	<u>Fair value</u> <u>2023</u>	<u>Valuation</u> <u>technique</u>	<u>Significant</u> <u>unobservable</u> <u>inputs</u>	<u>Range</u> <u>2024</u>	<u>Range</u> <u>2023</u>
TIAA Traditional Annuity	\$32,241	\$29,748	Discounted cash flow	Risk-adjusted discount rate applied	4.00% - 6.75%	3.70% - 6.25%
			Theoretical transfer (exit value)			

The Plan's investment in fixed annuity contracts is comprised of guaranteed insurance contracts established between the Plan's participants and TIAA and CREF. These contracts guarantee the participants' principal and a minimum interest rate. In addition, participants have the opportunity to earn amounts in excess of the guaranteed rate.

The Plan has non-benefit responsive fixed annuity contracts with TIAA and CREF, totaling \$32,241,036 and \$29,747,803 at June 30, 2024 and 2023, respectively. TIAA and CREF maintain Plan contributions in separate accounts. The accounts are credited with contributions and earnings on the underlying investments and are charged for Plan withdrawals.

For fixed annuity contracts, TIAA and CREF determine contract value, which approximates fair value, using two different methods, a discounted cash flow model and a theoretical transfer value. The discounted cash flow method is calculated using a risk-adjusted market discount rate, which correlates closely with the Plan's fixed annuity interest rate. The interest rate associated with the Plan's Fixed Annuity Contract can range from 3% to 7% based on the current market environment. The theoretical transfer value method presumes that contributions into the annuity represent transactions between a willing buyer and seller, and therefore, establish a market.

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

The fixed annuity contracts guaranteed minimum returns are supported by the TIAA and CREF General Account portfolio, which invests primarily in U.S. debt instruments and investment grade corporate bonds; however, is also permitted to invest in higher risk securities, including but not limited to, sub-investment grade corporate bonds, common stock, and real estate. The assets and earnings from this portfolio are used to pay the guaranteed interest rate associated with the annuity contracts, as well as future annuity payments.

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

	<u>2024</u>
	Fixed Annuity Contract
Fair value, July 1, 2023	\$ 29,748
Additions	514
Distributions / Redemptions	(956)
Investment Earnings (interest and dividends)	1,412
Transfers from Level 1 Investments	1,523
Fair value, June 30, 2024	\$ 32,241
	<u>2023</u>
	Fixed Annuity Contract
Fair value, July 1, 2022	\$ 28,594
Additions	528
Distributions / Redemptions	(2,095)
Investment Earnings (interest and dividends)	1,268
Transfers from Level 1 Investments	1,453
Fair value, June 30, 2023	\$ 29,748

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 techniques 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 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, 2024 and 2023, net appreciation 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, 2024 and 2023, and the investments included in the Schedule of Assets (Held at End of year).

RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR RENSELAER CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended June 30, 2024 and 2023

5. **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Institute has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6. **TAX STATUS**

The Internal Revenue Service has determined and informed the Institute by a letter, dated July 2, 2012, that the Plan is tax-exempt under all applicable provisions of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently operated in compliance with the applicable provisions of the Internal Revenue Code.

7. **RELATED PARTY TRANSACTIONS**

Certain Plan investments are managed by Fidelity Management Trust Company, TIAA 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, 2025, the date on which the financial statements were available to be issued.

**RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION PLAN FOR RENSELAER CONTRIBUTIONS**

SCHEDULE H - ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT YEAR END) JUNE 30, 2024

Plan: 006
ID # 14-1340095

(a) Party-in-Interest	(b) Identity of Issue	(c) Description of Investments		(d) Cost	(e) Fair Value
		Units of Participation	Unit Value	**	
Mutual Funds					
	TIAA-CREF:				
	Vanguard Target Retire 2020	192,337.242	27.920		\$ 5,370,056
	Vanguard Target Retire 2025	251,841.618	19.320		4,865,580
	Vanguard Target Retire 2030	138,161.432	37.610		5,196,251
	Vanguard Target Retire 2035	225,913.088	23.640		5,340,585
	Vanguard Target Retire 2040	215,279.683	42.320		9,110,636
	Vanguard Target Retire 2045	233,204.935	28.920		6,744,287
	Vanguard Target Retire 2050	129,317.775	48.460		6,266,739
	Vanguard Target Retire 2055	69,545.801	54.070		3,760,341
	Vanguard Target Retire Income	188,474.508	13.240		2,495,402
	Vanguard Ttl Bd Mkt Idx Adm	226,287.795	9.480		2,145,208
	Vanguard Target Retire 2060	17,694.318	49.820		881,531
	Vanguard Target Retire 2065	10,253.673	32.660		334,885
	Vanguard Target Retire 2070	807.336	25.840		20,862
	Vanguard Ttl Intl Stk Idx Adm	108,302.196	32.360		3,504,659
	John Hancock Discip V Md Cp R6	120,618.104	28.560		3,444,853
	Vanguard Extended Mkt Idx Adm	22,106.615	128.050		2,830,752
	Vanguard Federal Money Mkt Inv	1,442,097.910	1.000		1,442,098
	American EuroPac Growth R6	55,961.547	57.260		3,204,358
	Vanguard Infl Protect Sec Adm	28,556.952	22.880		653,385
	Vanguard Inst Idx Inst	19,338.656	449.240		8,687,698
	Principal Real Estate Sec R6	53,689.955	27.020		1,450,703
	JPMorgan Large Cap Growth R6	106,637.086	78.500		8,371,011
	Nuveen Large Cap Resp Eq R6	119,674.744	28.780		3,444,239
	MFS Intl Intrinsic Value R6	102,514.313	40.200		4,121,075
	MFS Value Fund Class R6	67,344.269	49.860		3,357,785
	Metropolitan W Tot Ret Bd Pln	258,285.408	8.370		2,161,849
	MassMutual Mid Cap Growth I	40,436.561	20.630		834,206
	Principal Small Cap Grwth I R6	13,738.140	14.840		203,874
	Amer Beacon Small Cap Value R6	44,900.464	24.990		1,122,063
	Subtotal TIAA-CREF				<u>101,366,971</u>
	Fidelity Management Trust Co:				
	Vang Target Ret 2055	22,711.725	54.070		1,228,023
	Vang Target Ret 2065	10,666.070	32.660		348,354
	PIF Real Est Sec R6	26,221.799	27.020		708,513
	PIF SMCP GRTH I R6	89,105.841	14.840		1,322,331
	Vang Target Ret 2020	123,967.161	27.920		3,461,163
	Vang Target Ret 2030	222,427.844	37.610		8,365,511
	Vang Target Ret 2040	112,463.843	42.320		4,759,470
	Vang Target Ret 2050	59,679.780	48.460		2,892,082
	Vang Target Ret 2070	88.984	25.840		2,299
	Vang Target Ret INC	68,537.625	13.240		907,438
	ABF SM CAP VALUE R6	18,962.572	24.990		473,875
	Vang Target Ret 2025	317,800.381	19.320		6,139,903
	Vang Target Ret 2035	201,390.396	23.640		4,760,869
	Vang Target Ret 2045	71,561.471	28.920		2,069,558
	MFS INTL INTR VAL R6	58,912.661	40.200		2,368,289
	MFS Value R6	66,282.530	49.860		3,304,847
	Metwest TOT RTN BD P	309,357.149	8.370		2,589,319
	AF Europac Growth R6	38,134.841	57.260		2,183,601
	MM MID CAP GRTH I	57,479.613	20.630		1,185,804
	Vang Target Ret 2060	7,746.433	49.820		385,927
	JH DSCPL VAL MDCP R6	95,169.158	28.560		2,718,031
*	FID US Bond IDX	165,128.880	10.200		1,684,315
*	FID 500 Index	92,551.348	190.200		17,603,267
*	FID INTL Index	26,152.123	49.770		1,301,591
*	FID EXTD MKT IDX	5,975.340	80.650		481,911
*	FID INFL PR BD IDX	62,557.333	9.110		569,897
*	FID Contrafund K6	1,588,321.414	28.920		45,934,255
*	FID GOVT MMTK K6	4,321,086.590	1.000		4,321,087
*	FID Balanced K6	940,712.296	15.500		14,581,041
	Subtotal Fidelity				<u>138,652,571</u>
	Total Mutual Funds				<u>240,019,542</u>

Variable Annuities				
College Retirement Equities Fund:				
*	CREF Stock R2	29,280.077	869.218	25,450,758
*	CREF Money Market R2	46,167.335	28.933	1,335,736
*	CREF Social Choice R2	23,136.368	356.235	8,241,984
*	CREF Core Bond R2	6,803.380	130.999	891,236
*	CREF Global Equities R2	13,482.899	328.626	4,430,835
*	CREF Growth R2	21,720.233	485.783	10,551,316
*	CREF Equity Index R2	12,072.312	472.145	5,699,882
*	CREF Inflation-Linked Bond R2	22,821.242	82.816	1,889,953
	Total Variable Annuities			<u>58,491,700</u>
Pooled Separate Accounts				
Teachers Insurance and Annuity Association:				
*	TIAA Real Estate	12,274.520	460.067	<u>5,647,097</u>
Fixed Annuity Contracts				
Teachers Insurance and Annuity Association:				
*	TIAA Traditional Benefit Responsive 2	n/a	n/a	14,408
*	TIAA Traditional Non Benefit Responsive	n/a	n/a	<u>32,226,628</u>
	Total Fixed Annuity Contracts			<u>32,241,036</u>
	Total Assets at End of Year			<u>\$ 336,399,375</u>

* Party-in-Interest
** Cost omitted as participant directed

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

The accompanying notes are an integral part of this schedule

**RENSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION PLAN FOR RENSELAER CONTRIBUTIONS**

SCHEDULE H - ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT YEAR END) JUNE 30, 2024

Plan: 006
ID # 14-1340095

(a) Party-in-Interest	(b) Identity of Issue	(c) Description of Investments		(d) Cost	(e) Fair Value
		Units of Participation	Unit Value	**	
Mutual Funds					
	TIAA-CREF:				
	Vanguard Target Retire 2020	192,337.242	27.920		\$ 5,370,056
	Vanguard Target Retire 2025	251,841.618	19.320		4,865,580
	Vanguard Target Retire 2030	138,161.432	37.610		5,196,251
	Vanguard Target Retire 2035	225,913.088	23.640		5,340,585
	Vanguard Target Retire 2040	215,279.683	42.320		9,110,636
	Vanguard Target Retire 2045	233,204.935	28.920		6,744,287
	Vanguard Target Retire 2050	129,317.775	48.460		6,266,739
	Vanguard Target Retire 2055	69,545.801	54.070		3,760,341
	Vanguard Target Retire Income	188,474.508	13.240		2,495,402
	Vanguard Ttl Bd Mkt Idx Adm	226,287.795	9.480		2,145,208
	Vanguard Target Retire 2060	17,694.318	49.820		881,531
	Vanguard Target Retire 2065	10,253.673	32.660		334,885
	Vanguard Target Retire 2070	807.336	25.840		20,862
	Vanguard Ttl Intl Stk Idx Adm	108,302.196	32.360		3,504,659
	John Hancock Discip V Md Cp R6	120,618.104	28.560		3,444,853
	Vanguard Extended Mkt Idx Adm	22,106.615	128.050		2,830,752
	Vanguard Federal Money Mkt Inv	1,442,097.910	1.000		1,442,098
	American EuroPac Growth R6	55,961.547	57.260		3,204,358
	Vanguard Infl Protect Sec Adm	28,556.952	22.880		653,385
	Vanguard Inst Idx Inst	19,338.656	449.240		8,687,698
	Principal Real Estate Sec R6	53,689.955	27.020		1,450,703
	JPMorgan Large Cap Growth R6	106,637.086	78.500		8,371,011
	Nuveen Large Cap Resp Eq R6	119,674.744	28.780		3,444,239
	MFS Intl Intrinsic Value R6	102,514.313	40.200		4,121,075
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* Party-in-Interest
** Cost omitted as participant directed

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