

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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

<p>1a Name of plan <u>THE RENNELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>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>RENSELAEER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u></p> <p><u>110 EIGHTH STREET</u> <u>TROY, NY 12180-3590</u></p>	<p>1c Effective date of plan <u>07/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>14-1340095</u></p> <p>2c Plan Sponsor's telephone number <u>518-276-6426</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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	4145
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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)	1689
a(2) Total number of active participants at the end of the plan year	6a(2)	1836
b Retired or separated participants receiving benefits	6b	14
c Other retired or separated participants entitled to future benefits	6c	2420
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	4270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	20
f Total. Add lines 6d and 6e	6f	4290
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)	4003
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)	4168
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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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:
 2L

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

9a Plan funding arrangement (check all that apply) (1) <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 THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE		D Employer Identification Number (EIN) 14-1340095

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	104193	1134	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 5895649
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 11214959
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 5164366
c	Additions: (1) Contributions deposited during the year	7c(1) 324348
	(2) Dividends and credits	7c(2) 0
	(3) Interest credited during the year	7c(3) 262547
	(4) Transferred from separate account.....	7c(4) 379565
	(5) Other (specify below)	7c(5) 16997
	▶	
	(6) Total additions	7c(6) 983457
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6147823
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 131056
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account.....	7e(3) 121118
	(4) Other (specify below)	7e(4) 0
▶		
	(5) Total deductions	7e(5) 252174
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 5895649

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <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 THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE	D Employer Identification Number (EIN) 14-1340095	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CAP FINANCIAL PARTNERS - LLC

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	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	12688	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 - TEACHEDRS INSURANCE AND ANNU

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	11725	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"/>

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>THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RENSSELAER 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 SEPERATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
c EIN-PN	<u>13-1624203-005</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>1075535</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)

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
--	--	---

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

A Name of plan <u>THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RENSSELAER 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)	<u>1055678</u>	<u>1075535</u>
(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)	<u>39061126</u>	<u>51027177</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>5164366</u>	<u>5895649</u>
(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	45281170	57998361
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	91	661
k Total liabilities (add all amounts in lines 1g through 1j)	1k	91	661
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45281079	57997700

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	5981812	
(C) Others (including rollovers)	2a(1)(C)	843529	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		6825341
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)	121541	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		121541
(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)	1129992	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1129992
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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		6696696
d Total income. Add all income amounts in column (b) and enter total.....	2d		14773570

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2010174	
(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)		2010174
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	46775	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		46775
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2056949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		12716621
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		5895649
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.	<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 <u>THE RENSSELAER POLYTECHNIC INSTITUTE DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RENSSELAER POLYTECHNIC INSTITUTE C/O CONTROLLERS OFFICE</u>	D Employer Identification Number (EIN) <u>14-1340095</u>	

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

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

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

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

EIN(s): 13-1624203 04-2712880

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	202
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 _____.

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

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

For the Years Ended June 30, 2024 and 2023

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* 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 accompanying financial statements of The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee 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 The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee 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 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 agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

(Continued)

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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 The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee Contributions and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee 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 The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee 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 The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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, is 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 qualified institutions agrees 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).

Bonadio & Co., LLP

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

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

	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 40,887,753	\$ 30,514,119
Variable annuities	10,139,424	8,547,007
Pooled separate accounts	1,075,535	1,055,678
Fixed annuity contracts	5,895,649	5,164,366
Total Investments/Assets	<u>57,998,361</u>	<u>45,281,170</u>
Liabilities		
Fees Payable	<u>661</u>	<u>91</u>
Net assets available for benefits	<u>\$ 57,997,700</u>	<u>\$ 45,281,079</u>

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

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS

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

ADDITIONS	2024	2023
Investment Income:		
Interest	\$ 121,541	\$ 91,515
Dividends	1,129,992	986,145
Net appreciation in fair value of investments	6,696,696	3,956,027
	<u>7,948,229</u>	<u>5,033,687</u>
Participant contributions	5,981,812	3,752,825
Transfers into the plan	843,529	619,039
Total additions	14,773,570	9,405,551
DEDUCTIONS		
Benefit payments	2,010,174	2,220,493
Administrative expenses	46,775	22,290
Total deductions	2,056,949	2,242,783
Changes in net assets available for benefits	12,716,621	7,162,768
Net assets available for benefits:		
Beginning of year	45,281,079	38,118,311
End of year	\$ 57,997,700	\$ 45,281,079

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

THE RENNELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE 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 Employee Contributions ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

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

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

(b) Contributions

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

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

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

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

(e) Vesting

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

(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) Investment 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.

THE RENNELLAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE 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, approximating 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 Account 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 requires certain disclosures about fair value measurements. The standard provides a

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

consistent definition of fair value focusing on an exit price, which is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date.

The standard also establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity’s own assumptions about how market participants would value an asset based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

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

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

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

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

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

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

Investments	2024		
	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Mutual Funds	\$ 40,887	\$ -	40,887
Variable Annuities	10,139	-	10,139
Pooled Separate Accounts	1,076	-	1,076
Fixed Annuity Contracts	-	5,896	5,896
Total Investments at Fair Value	\$ 52,102	\$ 5,896	\$ 57,998

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE CONTRIBUTIONS
NOTES TO THE FINANCIAL STATEMENTS
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Investments	2023		
	Quoted Prices in Active Markets Level 1	Significant Unobservable Level 3	Total Fair Value
Mutual Funds	\$ 30,514	\$ -	\$ 30,514
Variable Annuities	8,547	-	8,547
Pooled Separate Accounts	1,056	-	1,056
Fixed Annuity Contracts	-	5,164	5,164
Total Investments at Fair Value	\$ 40,117	\$ 5,164	\$ 45,281

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 2024</u>	<u>Fair value 2023</u>	<u>Valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range 2024</u>	<u>Range 2023</u>
Non Benefit Responsive Fixed Annuity Contracts	\$5,896	\$5,164	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	4.00% - 6.75%	3.70% - 6.25%

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 \$5,895,649 and \$5,164,366 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.

THE RENSSELAER POLYTECHNIC INSTITUTE
DEFINED CONTRIBUTION RETIREMENT PLAN FOR EMPLOYEE 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):

	2024	
	Fixed Annuity	
	Contract	
Fair value, July 1, 2023	\$	5,164
Additions		325
Distributions / Redemptions		(131)
Investment Earnings (interest and dividends)		267
Transfers from Level 1 Investments		271
Fair value, June 30, 2024	\$	5,896

	2023	
	Fixed Annuity	
	Contract	
Fair value, July 1, 2022	\$	4,986
Additions		255
Distributions / Redemptions		(555)
Investment Earnings (interest and dividends)		234
Transfers from Level 1 Investments		244
Fair value, June 30, 2023	\$	5,164

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).

5. **PLAN TERMINATION**

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

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

6. **TAX STATUS**

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

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

7. **RELATED PARTY TRANSACTIONS**

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.

RENSSELAER POLYTECHNIC INSTITUTE
 DEFINED CONTRIBUTION PLAN FOR RETIRED EMPLOYEE CONTRIBUTIONS

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

Plan: 005
 ID # 14-1340095

(a) Party- in-Interest	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Fair Value
		<u>Units of Participation</u>	<u>Unit Value</u>	**
Mutual Funds				
TIAA-CREF:				
	Amer Beacon Small Cap Value R6	7,817.966	24.99	\$ 195,371
	American EuroPac Growth R6	8,427.462	57.26	482,556
	John Hancock Discip V Md Cp R6	22,163.948	28.56	633,002
	JPMorgan Large Cap Growth R6	16,448.353	78.5	1,291,196
	Nuveen Large Cap Resp Eq R6	18,248.379	28.78	525,188
	MassMutual Mid Cap Growth I	9,908.265	20.63	204,407
	Metropolitan W Tot Ret Bd Pln	37,506.822	8.37	313,932
	MFS Intl Intrinsic Value R6	16,752.927	40.2	673,468
	MFS Value Fund Class R6	12,164.340	49.86	606,514
	Principal Real Estate Sec R6	9,855.999	27.02	266,309
	Principal Small Cap Grwth I R6	4,056.914	14.84	60,205
	Vanguard Extended Mkt Idx Adm	3,818.736	128.05	488,989
	Vanguard Federal Money Mkt Inv	124,655.130	1	124,655
	Vanguard Infl Protect Sec Adm	5,964.917	22.88	136,477
	Vanguard Inst Idx Inst	3,857.203	449.24	1,732,810
	Vanguard Target Retire 2020	29,627.982	27.92	827,213
	Vanguard Target Retire 2025	46,026.934	19.32	889,240
	Vanguard Target Retire 2030	39,468.499	37.61	1,484,410
	Vanguard Target Retire 2035	41,154.388	23.64	972,890
	Vanguard Target Retire 2040	39,252.634	42.32	1,661,171
	Vanguard Target Retire 2045	53,976.088	28.92	1,560,988
	Vanguard Target Retire 2050	26,332.870	48.46	1,276,091
	Vanguard Target Retire 2055	15,629.345	54.07	845,079
	Vanguard Target Retire 2060	5,479.102	49.82	272,969
	Vanguard Target Retire 2065	1,690.835	32.66	55,223
	Vanguard Target Retire 2070	27.949	25.84	722
	Vanguard Target Retire Income	33,070.422	13.24	437,852
	Vanguard Ttl Bd Mkt Idx Adm	40,248.284	9.48	381,554
	Vanguard Ttl Intl Stk Idx Adm	21,237.104	32.36	687,233
	Subtotal TIAA-CREF			<u>19,087,714</u>
Fidelity Management Trust Co:				
	ABF SM CAP VALUE R6	5,225.446	24.990	130,584
	AF EUROPAC GROWTH R6	4,741.592	57.260	271,504
*	FID 500 INDEX	15,475.015	190.200	2,943,348
*	FID BALANCED K6	131,846.280	15.500	2,043,617
*	FID CONTRAFUND K6	238,691.710	28.920	6,902,965
*	FID EXTD MKT IDX	1,561.614	80.650	125,944
*	FID GOVT MMKT K6	666,197.770	1.000	666,198
*	FID INFL PR BD IDX	5,553.176	9.110	50,589
*	FID INTL INDEX	4,589.914	49.770	228,440
*	FID US BOND IDX	28,484.916	10.200	290,546
	JH DSCPL VAL MDCP R6	11,214.039	28.560	320,273
	METWEST TOT RTN BD P	36,766.608	8.370	307,737
	MFS INTL INTR VAL R6	7,493.003	40.200	301,219
	MFS VALUE R6	8,725.003	49.860	435,029
	MM MID CAP GRTH I	10,819.114	20.630	223,198
	PIF REAL EST SEC R6	4,999.021	27.020	135,074
	PIF SMCP GRTH I R6	11,047.294	14.840	163,942
	VANG TARGET RET 2020	17,414.160	27.920	486,203
	VANG TARGET RET 2025	52,024.064	19.320	1,005,105
	VANG TARGET RET 2030	33,418.286	37.610	1,256,862
	VANG TARGET RET 2035	32,084.407	23.640	758,475

	VANG TARGET RET 2040	20,206.608	42.320	855,144
	VANG TARGET RET 2045	14,609.919	28.920	422,519
	VANG TARGET RET 2050	13,031.433	48.460	631,503
	VANG TARGET RET 2055	6,340.686	54.070	342,841
	VANG TARGET RET 2060	5,494.555	49.820	273,739
	VANG TARGET RET 2065	1,916.639	32.660	62,597
	VANG TARGET RET 2070	305.399	25.840	7,892
	VANG TARGET RET INC	11,854.377	13.240	156,952
	Subtotal Fidelity			<u>21,800,039</u>
	Total Mutual Funds			<u>40,887,753</u>
Variable Annuities				
College Retirement Equities Fund:				
*	CREF Core Bond R2	934.652	130.999	122,438
*	CREF Equity Index R2	1,878.832	472.145	887,081
*	CREF Global Equities R2	2,125.722	328.6263	698,568
*	CREF Growth R2	3,060.018	485.7828	1,486,505
*	CREF Inflation-Linked Bond R2	3,331.502	82.8155	275,900
*	CREF Money Market R2	7,845.222	28.9325	226,982
*	CREF Social Choice R2	3,839.431	356.235	1,367,740
*	CREF Stock R2	5,837.662	869.2175	5,074,210
	Total Variable Annuities			<u>10,139,424</u>
Pooled Separate Accounts				
Teachers Insurance and Annuity Association:				
*	TIAA Real Estate	2,337.766	460.0665	<u>1,075,535</u>
Fixed Annuity Contracts				
Teachers Insurance and Annuity Association:				
*	TIAA Traditional Non Benefit Responsive		n/a	<u>5,895,649</u>
	Total Assets at End of Year			<u>\$ 57,998,361</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 RETIRED EMPLOYEE CONTRIBUTIONS

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

Plan: 005
 ID # 14-1340095

(a) Party- in-Interest	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Fair Value
		<u>Units of Participation</u>	<u>Unit Value</u>	**
Mutual Funds				
TIAA-CREF:				
	Amer Beacon Small Cap Value R6	7,817.966	24.99	\$ 195,371
	American EuroPac Growth R6	8,427.462	57.26	482,556
	John Hancock Discip V Md Cp R6	22,163.948	28.56	633,002
	JPMorgan Large Cap Growth R6	16,448.353	78.5	1,291,196
	Nuveen Large Cap Resp Eq R6	18,248.379	28.78	525,188
	MassMutual Mid Cap Growth I	9,908.265	20.63	204,407
	Metropolitan W Tot Ret Bd Pln	37,506.822	8.37	313,932
	MFS Intl Intrinsic Value R6	16,752.927	40.2	673,468
	MFS Value Fund Class R6	12,164.340	49.86	606,514
	Principal Real Estate Sec R6	9,855.999	27.02	266,309
	Principal Small Cap Grwth I R6	4,056.914	14.84	60,205
	Vanguard Extended Mkt Idx Adm	3,818.736	128.05	488,989
	Vanguard Federal Money Mkt Inv	124,655.130	1	124,655
	Vanguard Infl Protect Sec Adm	5,964.917	22.88	136,477
	Vanguard Inst Idx Inst	3,857.203	449.24	1,732,810
	Vanguard Target Retire 2020	29,627.982	27.92	827,213
	Vanguard Target Retire 2025	46,026.934	19.32	889,240
	Vanguard Target Retire 2030	39,468.499	37.61	1,484,410
	Vanguard Target Retire 2035	41,154.388	23.64	972,890
	Vanguard Target Retire 2040	39,252.634	42.32	1,661,171
	Vanguard Target Retire 2045	53,976.088	28.92	1,560,988
	Vanguard Target Retire 2050	26,332.870	48.46	1,276,091
	Vanguard Target Retire 2055	15,629.345	54.07	845,079
	Vanguard Target Retire 2060	5,479.102	49.82	272,969
	Vanguard Target Retire 2065	1,690.835	32.66	55,223
	Vanguard Target Retire 2070	27.949	25.84	722
	Vanguard Target Retire Income	33,070.422	13.24	437,852
	Vanguard Ttl Bd Mkt Idx Adm	40,248.284	9.48	381,554
	Vanguard Ttl Intl Stk Idx Adm	21,237.104	32.36	687,233
	Subtotal TIAA-CREF			<u>19,087,714</u>
Fidelity Management Trust Co:				
	ABF SM CAP VALUE R6	5,225.446	24.990	130,584
	AF EUROPAC GROWTH R6	4,741.592	57.260	271,504
*	FID 500 INDEX	15,475.015	190.200	2,943,348
*	FID BALANCED K6	131,846.280	15.500	2,043,617
*	FID CONTRAFUND K6	238,691.710	28.920	6,902,965
*	FID EXTD MKT IDX	1,561.614	80.650	125,944
*	FID GOVT MMKT K6	666,197.770	1.000	666,198
*	FID INFL PR BD IDX	5,553.176	9.110	50,589
*	FID INTL INDEX	4,589.914	49.770	228,440
*	FID US BOND IDX	28,484.916	10.200	290,546
	JH DSCPL VAL MDCP R6	11,214.039	28.560	320,273
	METWEST TOT RTN BD P	36,766.608	8.370	307,737
	MFS INTL INTR VAL R6	7,493.003	40.200	301,219
	MFS VALUE R6	8,725.003	49.860	435,029
	MM MID CAP GRTH I	10,819.114	20.630	223,198
	PIF REAL EST SEC R6	4,999.021	27.020	135,074
	PIF SMCP GRTH I R6	11,047.294	14.840	163,942
	VANG TARGET RET 2020	17,414.160	27.920	486,203
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