

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRYANT UNIVERSITY 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): BRYANT UNIVERSITY
2b Employer Identification Number (EIN): 05-0258810
2c Plan Sponsor's telephone number: 401-232-6010
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917		3b Administrator's EIN 05-0258810	
		3c Administrator's telephone number 401-232-6010	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year	5	1786	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	952	
6a(2) Total number of active participants at the end of the plan year	6a(2)	992	
b Retired or separated participants receiving benefits.....	6b	0	
c Other retired or separated participants entitled to future benefits	6c	853	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	1845	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0	
f Total. Add lines 6d and 6e.....	6f	1845	
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)	1508	
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)	1555	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 3D

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)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
(4) <input type="checkbox"/> General assets of the sponsor			

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103026	613	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	63760921
5	Current value of plan's interest under this contract in separate accounts at year end.....	57639871
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 65733523
c	Additions: (1) Contributions deposited during the year	7c(1) 293428
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 2857737
	(4) Transferred from separate account	7c(4) 4473110
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT	7c(5) 59055
	(6) Total additions	7c(6) 7683330
d	Total of balance and additions (add lines 7b and 7c(6))	7d 73416853
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 5282280
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 4298141
	(4) Other (specify below)..... ▶ FEES, PLAN TO PLAN TRANSFER	7e(4) 75511
(5) Total deductions	7e(5) 9655932	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 63760921

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> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

TIAA CREF

13-1624203

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

FIDELITY INVESTMENT INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

GLOBAL RETIREMENT PARTNERS

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

(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?
99	NONE	17625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARON & BLETZER, PLLC

04-3499945

(b) 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?
10	ACCOUNTANT/AUDITOR	14450	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)

THE ANGELL PENSION GROUP, INC.

04-2530412

(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?
99	NONE	11084	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIDELITY INST OPERATIONS CO INC.

04-2647786

(b) 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?
37 64 65 71	RECORDKEEPER	7302	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INST OPERATIONS CO INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON INVESTMENT SERVICING 500 ROSS STREET PITTSBURGH, PA 53442	.25 BPS BLKRK MIDCAP GRTH IS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INST OPERATIONS CO INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD ADMINISTRATIVE SERV CO 41-0679409	.10 BPS HTFD INTL OPPS Y	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INST OPERATIONS CO INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM INVESTOR SERVICES INC 04-2539562	.20 BPS PUTN LG CAP VAL Y	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INST OPERATIONS CO INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation THE NORTHERN TRUST COMPANY 50 BANK STREET CANARY WHARFLONDON, LONDON UN E14 5 GB	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. .12 BPS DRIEHAUS EM GRTH IS	
(a) Enter service provider name as it appears on line 2 FIDELITY INST OPERATIONS CO INC.	(b) Service Codes (see instructions) 60	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation DST ASSET MANAGER SOLUTIONS, INC. 430 W 7TH STREET, STE 219432 KANSAS CITY, MO 64105	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. .25 BPS JPM GOVT BOND R4	
(a) Enter service provider name as it appears on line 2 FIDELITY INST OPERATIONS CO INC.	(b) Service Codes (see instructions) 60	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE SERVICES INC 52-2269240	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. .15 BPS TRP RETIREMENT 2005 .15 BPS TRP RETIREMENT 2010 .15 BPS TRP RETIREMENT 2015 .15 BPS TRP RETIREMENT 2020 .15 BPS TRP RETIREMENT 2025 .15 BPS TRP RETIREMENT 2030 .15 BPS TRP RETIREMENT 2035	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INST OPERATIONS CO INC.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE SERVICES INC 52-2269240	.15 BPS TRP RETIREMENT 2040 .15 BPS TRP RETIREMENT 2045 .15 BPS TRP RETIREMENT 2050 .15 BPS TRP RETIREMENT 2055 .15 BPS TRP RETIREMENT 2060 .15 BPS TRP RETIREMENT 2065	

(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</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>4933150</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)

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BRYANT UNIVERSITY 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRYANT UNIVERSITY	D Employer Identification Number (EIN) 05-0258810

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	24731	29094
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1313	1439
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4467451	5306254
(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)	592849	0
(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)	246565	322476
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4867970	4933150
(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)	216326583	242909238
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	65927480	63837565
(15) Other	1c(15)	763374	838998

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	293218316	318178214
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	2	1
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	293218314	318178213

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)	4923576	
(B) Participants.....	2a(1)(B)	4530207	
(C) Others (including rollovers).....	2a(1)(C)	850768	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10304551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	252271	
(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)	21973	
(F) Other.....	2b(1)(F)	2861748	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3135992
(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)	6121712	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6121712
(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)		-198866
(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)		26221209
c Other income	2c		153287
d Total income. Add all income amounts in column (b) and enter total	2d		45737885

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20227308	
(2) To insurance carriers for the provision of benefits	2e(2)	497582	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		20724890
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3471
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	57052	
(3) Recordkeeping fees	2i(3)	-7427	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49625
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20777986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24959899
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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		1000000
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	
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> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BRYANT UNIVERSITY 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BRYANT UNIVERSITY</u>	D Employer Identification Number (EIN) <u>05-0258810</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 04-6568107

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	
---	--

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500419A.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN
CONTENTS

	<u>Page(s)</u>
Independent Auditor's Report	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-17
Supplemental Schedule:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	18-21

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



Independent Auditor's Report

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

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

We have performed audits of the financial statements of the Bryant University 403(b) Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 GAAP.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Caron & Bleyer, PLLC

Kingston, NH
June 10, 2025

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	2024	2023
Investments, at fair value:		
Insurance contract (non benefit-responsive)	\$ 44,577,497	\$ 45,281,669
Variable annuity contracts	52,706,721	47,277,005
Pooled separate account	4,933,150	4,867,970
Mutual funds	178,810,158	160,387,801
Self-directed brokerage accounts	17,566,704	14,510,180
Total investments at fair value	298,594,230	272,324,625
Investments, at contract value:		
Insurance contracts (fully benefit-responsive)	19,261,507	20,647,124
Total investments	317,855,737	292,971,749
Receivables:		
Notes receivable from participants	322,476	246,565
Net assets available for benefits	\$ 318,178,213	\$ 293,218,314

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

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the year ended December 31, 2024

	2024
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 26,175,847
Interest	3,039,885
Dividends	6,217,602
	35,433,334
Contributions:	
Participant contributions	4,530,207
Rollover contributions	850,768
Employer contributions	4,923,576
	10,304,551
Total additions	45,737,885
Deductions:	
Distributions to participants	20,728,361
Administrative expenses	49,625
Total deductions	20,777,986
Net increase	24,959,899
Net assets available for benefits:	
Beginning of year	293,218,314
End of year	\$ 318,178,213

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

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

A. PLAN DESCRIPTION:

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

General

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

Contributions

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

Regardless of participant contributions, the University will make non-elective contributions to eligible participants' accounts in the amount of 8% of up to \$58,800 of each participant's compensation, as defined by the Plan. Eligible participants will also receive non-elective contributions of 12% of compensation in excess of \$58,800. Effective January 1, 2024, public safety union employees hired on or before July 1, 2003 will receive a non-elective contribution in the amount of 8% of compensation up to 75% of the Social Security Taxable Wage Base ("SSTWB") in effect at the beginning of the plan year. For public safety union employees hired after July 1, 2003, they will receive a non-elective contribution in the amount of 8% of compensation up to 75% of the SSTWB in effect at the beginning of the plan year plus 10% of compensation in excess of 75% of the SSTWB in effect at the beginning of the plan year.

Participant Accounts

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

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

benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

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

Revenue Credits

The Plan holds assets in revenue credit accounts which receives contributions as a result of revenue sharing agreements with Teachers Insurance and Annuity Association of America and Fidelity. During 2024, contributions to the accounts totaled \$109,954, which is included in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are used to pay qualified plan expenses including investment management fees, trustee fees, and audit fees, or allocated to participants. During 2024, \$48,032 was used to pay qualified plan expenses and \$49,267 was allocated to participants.

Distribution of Benefits

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

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

Participants may also request a withdrawal for a qualified birth or adoption.

Notes Receivable From Participants

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

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

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Contributions

Contributions from plan participants and university contributions are recorded in the year in which the participant contributions are withheld from compensation.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

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

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

Use of Estimates

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

C. FAIR VALUE MEASUREMENTS:

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

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

Self-directed brokerage accounts – Invested in mutual funds.

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

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

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

Description	2024			
	Total	Level 1	Level 2	Level 3
Self-directed brokerage accounts	\$ 17,566,704	\$ 17,566,704	\$ -	\$ -
Insurance contract (non benefit-responsive)	44,577,497	-	-	44,577,497
Mutual funds	178,810,158	178,810,158	-	-
Total investments in the fair value hierarchy	240,954,359	\$ 196,376,862	\$ -	\$ 44,577,497
Investments measured at net asset value(1):				
Pooled separate account	4,933,150			
Variable annuity contracts	52,706,721			
Total investments measured at net asset value	57,639,871			
Total investments at fair value	\$ 298,594,230			

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

Description	2023			
	Total	Level 1	Level 2	Level 3
Self-directed brokerage accounts	\$ 14,510,180	\$ 14,510,180	\$ -	\$ -
Insurance contract (non benefit-responsive)	45,281,669	-	-	45,281,669
Mutual funds	<u>160,387,801</u>	<u>160,387,801</u>	-	-
Total investments in the fair value hierarchy	220,179,650	<u>\$ 174,897,981</u>	<u>\$ -</u>	<u>\$ 45,281,669</u>
Investments measured at net asset value(1):				
Pooled separate account	4,867,970			
Variable annuity contracts	<u>47,277,005</u>			
Total investments measured at net asset value	<u>52,144,975</u>			
Total investments at fair value	<u>\$ 272,324,625</u>			

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

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

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

	2024	2023
Investments measured at net asset value (non-DFE's):		
Variable annuity contracts:		
Stock (a)	\$ 32,183,725	\$ 29,425,409
Money market (b)	1,789,525	1,875,369
Social choice (c)	1,472,184	1,370,419
Bond market (d)	593,971	609,270
Growth (e)	12,359,322	10,083,479
Equity (f)	3,819,335	3,417,393
Inflation (g)	<u>488,659</u>	<u>495,666</u>
Total variable annuity contracts	<u>\$ 52,706,721</u>	<u>\$ 47,277,005</u>

- (a) The stock variable annuity seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) The money market variable annuity seeks to maximize current income consistent with liquidity and preservation of capital by investing primarily in cash, U.S. Government securities and/or repurchase agreements that are collateralized fully by cash or U.S. Government securities.

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

- (c) The social choice variable annuity seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria.
- (d) The bond market fixed-income variable annuity seeks a favorable long-term rate of return, primarily through high current income securities consistent with preserving capital.
- (e) The growth variable annuities seek favorable long-term rates of return, mainly through capital appreciation and income, primarily from diversified portfolios of common stocks that present opportunity for exceptional growth.
- (f) The equity variable annuity is passively managed and seeks a favorable long-term rate of return from a diversified portfolio. It is designed to track the U.S. stock market as a whole through investments in stocks included in the S&P 500 Index, which is its benchmark index.
- (g) The inflation variable annuity seeks a long-term rate of return that outpaces inflation, primarily through the investment in inflation-indexed bonds.

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

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

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

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

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

2024				
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Input(s)</u>	<u>Range of Significant Input Values</u>
TIAA Traditional - RA and GRA (non benefit-responsive)	\$ 38,049,132	Discounted Cash Flow	Discount Rate	4.96%-5.38%
			Crediting Interest Rate	5.25%
			Duration	9 years
			Payout Date	12/31/24-12/31/33
			Payout Percentage	10%-100%
TIAA Traditional - RC (non benefit-responsive)	\$ 6,528,365	Discounted Cash Flow	Discount Rate	5.05%-5.63%
			Crediting Interest Rate	5.50%
			Duration	60 months (5 years)
			Payout Date	12/31/24-12/31/29
			Payout Percentage	20%-100%
2023				
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Input(s)</u>	<u>Range of Significant Input Values</u>
TIAA Traditional - RA and GRA (non benefit-responsive)	\$ 39,150,393	Discounted Cash Flow	Discount Rate	6.69%-7.64%
			Crediting Interest Rate	6.75%
			Duration	9 years
			Payout Date	12/31/23-12/31/32
			Payout Percentage	10%-100%
TIAA Traditional - RC (non benefit-responsive)	\$ 6,131,276	Discounted Cash Flow	Discount Rate	6.84%-7.79%
			Crediting Interest Rate	7.00%
			Duration	60 months (5 years)
			Payout Date	12/31/23-12/31/28
			Payout Percentage	20%-100%

Purchases and sales of the Plan's level 3 investments during the year ending December 31, 2024 were \$2,775,167 and \$3,068,044, respectively. There were no transfers into or out of level 3 investments during the year.

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

D. INVESTMENTS AT CONTRACT VALUE:

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

	2024	2023
TIAA Traditional Annuity - FBRIC	\$ 19,183,424	\$ 20,451,855
New York Life Guaranteed Interest Account - FBRIC	78,083	195,269
Total investments at contract value	\$ 19,261,507	\$ 20,647,124

Insurance Contract - TIAA Traditional Annuity

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

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

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

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

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

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

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

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

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

E. TAX STATUS:

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

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

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

F. CERTIFIED INVESTMENTS:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, TIAA and CREF and TIAA on behalf of TIAA Trust, N.A., custodians of the Plan.

G. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

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

H. PLAN TERMINATION:

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

I. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through June 10, 2025, the date these financial statements were available for issuance.

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Insurance contracts at contract value:				
* TIAA Traditional Benefit Responsive	Insurance contract	**	\$ 19,183,424	
New York Life Guaranteed Interest Account	"	**	78,083	
Total insurance contracts at contract value			19,261,507	
Investments at fair value:				
* TIAA Traditional Benefit Non Responsive	Insurance contract	**	44,577,497	
* CREF Stock R2	Variable annuity contract	**	32,183,725	
* CREF Money Market R2	"	**	1,789,525	
* CREF Social Choice R2	"	**	1,472,184	
* CREF Global Equities R2	"	**	3,227,350	
* CREF Growth R2	"	**	9,131,972	
* CREF Equity Index R2	"	**	3,819,335	
* CREF Inflation-Linked Bond R2	"	**	488,659	
* CREF Core Bond R2	"	**	593,971	
Total variable annuity contracts			52,706,721	
* TIAA Real Estate Fund	Pooled separate account	**	4,933,150	
* Nuveen Core Plus Bond Retirement	Mutual fund	**	50,678	
* Nuveen Core Bond Retirement	"	**	123,749	
* Nuveen Equity Index Premier	"	**	6,576,656	
* Nuveen Core Equity Retirement	"	**	282,880	
* Nuveen High Yield Retirement	"	**	33,148	
* Nuveen Inflation Linked Bond Retirement	"	**	13,229	
* Nuveen International Equity Idx Retirement	"	**	94,167	
* Nuveen International Equity Retirement	"	**	93,928	
* Nuveen Lifecycle Retirement Income	"	**	16,881	
* Nuveen Large Cap Gr Idx R6	"	**	2,332,040	
* Nuveen Large Cap Gr Idx Retirement	"	**	24,895	
* Nuveen Large Cap Growth Retirement	"	**	15,462	
* Nuveen Large Cap Val Idx Retirement	"	**	16,881	
* Nuveen Large Cap Value Retirement	"	**	86,943	
* Nuveen Lifecycle 2010 Retirement	"	**	206,107	
* Nuveen Lifecycle 2015 Retirement	"	**	244,518	
* Nuveen Lifecycle 2020 Retirement	"	**	465,599	
* Nuveen Lifecycle 2025 Retirement	"	**	751,689	
* Nuveen Lifecycle 2030 Retirement	"	**	985,334	
* Nuveen Lifecycle 2035 Retirement	"	**	1,497,477	
* Nuveen Lifecycle 2040 Retirement	"	**	1,591,047	

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Nuveen Lifecycle 2045 Retirement	"	**	278,384
*	Nuveen Lifecycle 2050 Retirement	"	**	87,237
*	Nuveen Mid Cap Growth Retirement	"	**	36,976
*	Nuveen Mid Cap Value Retirement	"	**	134,817
*	Nuveen Money Market R6	"	**	1,111,604
*	Nuveen Real Est Sec Sel Retirement	"	**	7,476
*	Nuveen Short Term Bond Retirement	"	**	373
*	Nuveen Small Cap Bld Idx Retirement	"	**	9,225
*	Nuveen Quant Sm Cp Eq Retirement	"	**	106,287
*	Nuveen Large Cap Resp Eq Retirement	"	**	11,956
	T. Rowe Price Retire 2005 Fund	"	**	985,870
	T. Rowe Price Retire 2010 Fund	"	**	886,392
	T. Rowe Price Retire 2015 Fund	"	**	3,470,946
	T. Rowe Price Retire 2020 Fund	"	**	4,867,916
	T. Rowe Price Retire 2025 Fund	"	**	10,487,797
	T. Rowe Price Retire 2030 Fund	"	**	10,953,575
	T. Rowe Price Retire 2035 Fund	"	**	14,861,270
	T. Rowe Price Retire 2040 Fund	"	**	10,363,233
	T. Rowe Price Retire 2045 Fund	"	**	10,104,028
	T. Rowe Price Retire 2050 Fund	"	**	4,616,814
	T. Rowe Price Retire 2055 Fund	"	**	3,706,125
	Vanguard Small-Cap Idx Adm	"	**	7,020,312
	Vanguard Ttl Bd Mkt Idx Adm	"	**	4,033,241
	Vanguard Mid-Cap Idx Adm	"	**	2,705,635
	DFA Inflation Prot Sec Port Inst	"	**	1,555,507
	Putnam Large Cap Value Fund Y	"	**	12,079,213
	Vanguard Ttl Intl Stk Idx Adm	"	**	9,648,283
	T Rowe Price Retirement 2060	"	**	809,281
	Vanguard Materials Index Adm	"	**	639,465
	DFA Glob RE Securities Inst	"	**	1,481,825
	JPMorgan Government Bond R4	"	**	455,168
	PIMCO Low Duration Opp Instal	"	**	1,626,718
	T Rowe Price Ret 2065 - Inv	"	**	108,946
	JPMorgan Large Cap Growth R6	"	**	8,951,837
	Driehaus Emerging Mkts Gr Inst	"	**	2,007,051
	Victory Sycamore Estab Val R6	"	**	2,033,586
	Victory Core Plus Intermediate Bond R6	"	**	3,036,212

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Manning & Napier High Yield Z	"	**	1,793,268
	MFS Mid Cap Growth Fund R6	"	**	1,789,290
	Gabelli U.S. Treasury Money Market Fund	"	**	1,725,905
*	Fidelity Fund	"	**	107,864
*	Fidelity Puritan	"	**	317,764
*	Fidelity Select Tech Hardware Portfolio	"	**	4,139
*	Fidelity Select Consumer Staples Fund	"	**	96,404
*	Fidelity Value Strategies Fund	"	**	202,199
*	Fidelity Magellan Fund	"	**	439,375
*	Fidelity Contrafund	"	**	1,383,523
*	Fidelity Equity Income Fund	"	**	65,330
*	Fidelity Growth Company Fund	"	**	776,816
*	Fidelity Growth & Income Fund	"	**	23,079
*	Fidelity Select Software Fund	"	**	4,582
*	Fidelity Intermediate Bond Fund	"	**	28,873
*	Fidelity Capital & Income Fund	"	**	18,777
*	Fidelity Select Gold Fund	"	**	1,899
*	Fidelity Select Biotechnology Fund	"	**	48,868
*	Fidelity Gov Cash Reserve Fund	"	**	74,965
*	Fidelity Select Technology Fund	"	**	14,524
*	Fidelity OTC Portfolio Fund	"	**	79,294
*	Fidelity Overseas Fund	"	**	7,094
*	Fidelity Leveraged Company Stock Fund	"	**	160,542
*	Fidelity New Millennium Fund	"	**	515,553
*	Fidelity Real Estate Investment Fund	"	**	78,519
*	Fidelity Balanced Fund	"	**	73,623
*	Fidelity International Discovery Fund	"	**	20,727
*	Fidelity Convertible Securities Fund	"	**	17,987
*	Fidelity Canada Fund	"	**	7,997
*	Fidelity Telecom & Utilities Fund	"	**	2,530
*	Fidelity Blue Chip Growth Fund	"	**	1,409,677
*	Fidelity Asset Manager 50% Fund	"	**	29,924
*	Fidelity Disciplined Equity Fund	"	**	95,553
*	Fidelity Low Priced Stock Fund	"	**	870,609
*	Fidelity Emerging Markets Fund	"	**	13,026
*	Fidelity Growth Strategies Fund	"	**	176,381
*	Fidelity Diversified International Fund	"	**	244,952
*	Fidelity Dividend Growth Fund	"	**	358,033

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Stock Selector Small Cap Fund	"	**	47,074
*	Fidelity Mid Cap Stock Fund	"	**	80,969
*	Fidelity Emerging Asia Fund	"	**	8,968
*	Fidelity Multi-Asset Index Fund	"	**	116,826
*	Fidelity Treasury Only Money Market Fund	"	**	56,171
*	Fidelity Short Term Bond Fund	"	**	836
*	Fidelity Intermediate Govt Income Fund	"	**	28
*	Fidelity Money Market Fund	"	**	3,777
*	Fidelity Select Pharmaceutical Fund	"	**	19,970
*	Fidelity NASDAQ Composite Index Fund	"	**	293,483
*	Fidelity US Bond Index Fund	"	**	7,937
*	Fidelity 500 Index Fund	"	**	895,719
*	Fidelity Small Cap Index Fund	"	**	379,261
*	Fidelity Total Market Index Fund	"	**	9,645,065
*	Fidelity International Index Fund	"	**	108,115
*	Fidelity Extended Market Index Fund	"	**	473,966
*	Fidelity Inflation-Protected Bond Fund	"	**	42,835
*	Fidelity Government Money Market	"	**	22,868
*	Fidelity Freedom Income K Fund	"	**	83,449
*	Fidelity Freedom 2010 K Fund	"	**	3,527
*	Fidelity Freedom 2015 K Fund	"	**	2,835
*	Fidelity Freedom 2020 K Fund	"	**	267,903
*	Fidelity Freedom 2025 K Fund	"	**	266,674
*	Fidelity Freedom 2030 K Fund	"	**	967,643
*	Fidelity Freedom 2035 K Fund	"	**	253,256
*	Fidelity Freedom 2040 K Fund	"	**	718,316
*	Fidelity Freedom 2045 K Fund	"	**	33,437
*	Fidelity Freedom 2050 K Fund	"	**	18,076
*	Fidelity Strategic Income Fund	"	**	127,820
	Total mutual funds			178,810,158
*	TIAA-CREF Self Directed Account	Self directed brokerage accounts	**	838,998
*	Fidelity Brokerage Link	"	**	16,727,706
	Total self directed brokerage accounts			17,566,704
	Total investments at fair value			298,594,230
	Total investments on the statement of net assets available for benefits			317,855,737
*	Participant Loans	(4.25% - 9.50%)	-	322,476
	Total investments on the Form 5500			<u>\$ 318,178,213</u>

** Cost omitted for participant directed investments.

* Indicates party-in-interest to the Plan.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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 BRYANT UNIVERSITY 403 (B) RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</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)</p> <p>Bryant University</p> <p>1150 Douglas Pike</p> <p>Smithfield RI 02917</p>	<p>1c Effective date of plan 01/01/1950</p> <p>2b Employer Identification Number (EIN) 05-0258810</p> <p>2c Plan Sponsor's telephone number 401-232-6010</p> <p>2d Business code (see instructions) 611000</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		6/16/2025	TIMOTHY T. PAIGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/16/2025	TIMOTHY T. PAIGE
	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 BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD RI 02917	3b Administrator's EIN 05-0258810 3c Administrator's telephone number 401-232-6010
--	---

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

5 Total number of participants at the beginning of the plan year	5	1,786
---	----------	-------

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)	952
a(2) Total number of active participants at the end of the plan year	6a(2)	992
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	853
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	1,845
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e.	6f	1,845
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)	1,508
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)	1,555
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 3D

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
--	--

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
---	---

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Insurance contracts at contract value:				
* TIAA Traditional Benefit Responsive	Insurance contract	**	\$ 19,183,424	
New York Life Guaranteed Interest Account	"	**	78,083	
Total insurance contracts at contract value			19,261,507	
Investments at fair value:				
* TIAA Traditional Benefit Non Responsive	Insurance contract	**	44,577,497	
* CREF Stock R2	Variable annuity contract	**	32,183,725	
* CREF Money Market R2	"	**	1,789,525	
* CREF Social Choice R2	"	**	1,472,184	
* CREF Global Equities R2	"	**	3,227,350	
* CREF Growth R2	"	**	9,131,972	
* CREF Equity Index R2	"	**	3,819,335	
* CREF Inflation-Linked Bond R2	"	**	488,659	
* CREF Core Bond R2	"	**	593,971	
Total variable annuity contracts			52,706,721	
* TIAA Real Estate Fund	Pooled separate account	**	4,933,150	
* Nuveen Core Plus Bond Retirement	Mutual fund	**	50,678	
* Nuveen Core Bond Retirement	"	**	123,749	
* Nuveen Equity Index Premier	"	**	6,576,656	
* Nuveen Core Equity Retirement	"	**	282,880	
* Nuveen High Yield Retirement	"	**	33,148	
* Nuveen Inflation Linked Bond Retirement	"	**	13,229	
* Nuveen International Equity Idx Retirement	"	**	94,167	
* Nuveen International Equity Retirement	"	**	93,928	
* Nuveen Lifecycle Retirement Income	"	**	16,881	
* Nuveen Large Cap Gr Idx R6	"	**	2,332,040	
* Nuveen Large Cap Gr Idx Retirement	"	**	24,895	
* Nuveen Large Cap Growth Retirement	"	**	15,462	
* Nuveen Large Cap Val Idx Retirement	"	**	16,881	
* Nuveen Large Cap Value Retirement	"	**	86,943	
* Nuveen Lifecycle 2010 Retirement	"	**	206,107	
* Nuveen Lifecycle 2015 Retirement	"	**	244,518	
* Nuveen Lifecycle 2020 Retirement	"	**	465,599	
* Nuveen Lifecycle 2025 Retirement	"	**	751,689	
* Nuveen Lifecycle 2030 Retirement	"	**	985,334	
* Nuveen Lifecycle 2035 Retirement	"	**	1,497,477	
* Nuveen Lifecycle 2040 Retirement	"	**	1,591,047	

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Nuveen Lifecycle 2045 Retirement	"	**	278,384
*	Nuveen Lifecycle 2050 Retirement	"	**	87,237
*	Nuveen Mid Cap Growth Retirement	"	**	36,976
*	Nuveen Mid Cap Value Retirement	"	**	134,817
*	Nuveen Money Market R6	"	**	1,111,604
*	Nuveen Real Est Sec Sel Retirement	"	**	7,476
*	Nuveen Short Term Bond Retirement	"	**	373
*	Nuveen Small Cap Bld Idx Retirement	"	**	9,225
*	Nuveen Quant Sm Cp Eq Retirement	"	**	106,287
*	Nuveen Large Cap Resp Eq Retirement	"	**	11,956
	T. Rowe Price Retire 2005 Fund	"	**	985,870
	T. Rowe Price Retire 2010 Fund	"	**	886,392
	T. Rowe Price Retire 2015 Fund	"	**	3,470,946
	T. Rowe Price Retire 2020 Fund	"	**	4,867,916
	T. Rowe Price Retire 2025 Fund	"	**	10,487,797
	T. Rowe Price Retire 2030 Fund	"	**	10,953,575
	T. Rowe Price Retire 2035 Fund	"	**	14,861,270
	T. Rowe Price Retire 2040 Fund	"	**	10,363,233
	T. Rowe Price Retire 2045 Fund	"	**	10,104,028
	T. Rowe Price Retire 2050 Fund	"	**	4,616,814
	T. Rowe Price Retire 2055 Fund	"	**	3,706,125
	Vanguard Small-Cap Idx Adm	"	**	7,020,312
	Vanguard Ttl Bd Mkt Idx Adm	"	**	4,033,241
	Vanguard Mid-Cap Idx Adm	"	**	2,705,635
	DFA Inflation Prot Sec Port Inst	"	**	1,555,507
	Putnam Large Cap Value Fund Y	"	**	12,079,213
	Vanguard Ttl Intl Stk Idx Adm	"	**	9,648,283
	T Rowe Price Retirement 2060	"	**	809,281
	Vanguard Materials Index Adm	"	**	639,465
	DFA Glob RE Securities Inst	"	**	1,481,825
	JPMorgan Government Bond R4	"	**	455,168
	PIMCO Low Duration Opp Instal	"	**	1,626,718
	T Rowe Price Ret 2065 - Inv	"	**	108,946
	JPMorgan Large Cap Growth R6	"	**	8,951,837
	Driehaus Emerging Mkts Gr Inst	"	**	2,007,051
	Victory Sycamore Estab Val R6	"	**	2,033,586
	Victory Core Plus Intermediate Bond R6	"	**	3,036,212

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Manning & Napier High Yield Z	"	**	1,793,268
	MFS Mid Cap Growth Fund R6	"	**	1,789,290
	Gabelli U.S. Treasury Money Market Fund	"	**	1,725,905
*	Fidelity Fund	"	**	107,864
*	Fidelity Puritan	"	**	317,764
*	Fidelity Select Tech Hardware Portfolio	"	**	4,139
*	Fidelity Select Consumer Staples Fund	"	**	96,404
*	Fidelity Value Strategies Fund	"	**	202,199
*	Fidelity Magellan Fund	"	**	439,375
*	Fidelity Contrafund	"	**	1,383,523
*	Fidelity Equity Income Fund	"	**	65,330
*	Fidelity Growth Company Fund	"	**	776,816
*	Fidelity Growth & Income Fund	"	**	23,079
*	Fidelity Select Software Fund	"	**	4,582
*	Fidelity Intermediate Bond Fund	"	**	28,873
*	Fidelity Capital & Income Fund	"	**	18,777
*	Fidelity Select Gold Fund	"	**	1,899
*	Fidelity Select Biotechnology Fund	"	**	48,868
*	Fidelity Gov Cash Reserve Fund	"	**	74,965
*	Fidelity Select Technology Fund	"	**	14,524
*	Fidelity OTC Portfolio Fund	"	**	79,294
*	Fidelity Overseas Fund	"	**	7,094
*	Fidelity Leveraged Company Stock Fund	"	**	160,542
*	Fidelity New Millennium Fund	"	**	515,553
*	Fidelity Real Estate Investment Fund	"	**	78,519
*	Fidelity Balanced Fund	"	**	73,623
*	Fidelity International Discovery Fund	"	**	20,727
*	Fidelity Convertible Securities Fund	"	**	17,987
*	Fidelity Canada Fund	"	**	7,997
*	Fidelity Telecom & Utilities Fund	"	**	2,530
*	Fidelity Blue Chip Growth Fund	"	**	1,409,677
*	Fidelity Asset Manager 50% Fund	"	**	29,924
*	Fidelity Disciplined Equity Fund	"	**	95,553
*	Fidelity Low Priced Stock Fund	"	**	870,609
*	Fidelity Emerging Markets Fund	"	**	13,026
*	Fidelity Growth Strategies Fund	"	**	176,381
*	Fidelity Diversified International Fund	"	**	244,952
*	Fidelity Dividend Growth Fund	"	**	358,033

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

EIN: 05-0258810

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Stock Selector Small Cap Fund	"	**	47,074
*	Fidelity Mid Cap Stock Fund	"	**	80,969
*	Fidelity Emerging Asia Fund	"	**	8,968
*	Fidelity Multi-Asset Index Fund	"	**	116,826
*	Fidelity Treasury Only Money Market Fund	"	**	56,171
*	Fidelity Short Term Bond Fund	"	**	836
*	Fidelity Intermediate Govt Income Fund	"	**	28
*	Fidelity Money Market Fund	"	**	3,777
*	Fidelity Select Pharmaceutical Fund	"	**	19,970
*	Fidelity NASDAQ Composite Index Fund	"	**	293,483
*	Fidelity US Bond Index Fund	"	**	7,937
*	Fidelity 500 Index Fund	"	**	895,719
*	Fidelity Small Cap Index Fund	"	**	379,261
*	Fidelity Total Market Index Fund	"	**	9,645,065
*	Fidelity International Index Fund	"	**	108,115
*	Fidelity Extended Market Index Fund	"	**	473,966
*	Fidelity Inflation-Protected Bond Fund	"	**	42,835
*	Fidelity Government Money Market	"	**	22,868
*	Fidelity Freedom Income K Fund	"	**	83,449
*	Fidelity Freedom 2010 K Fund	"	**	3,527
*	Fidelity Freedom 2015 K Fund	"	**	2,835
*	Fidelity Freedom 2020 K Fund	"	**	267,903
*	Fidelity Freedom 2025 K Fund	"	**	266,674
*	Fidelity Freedom 2030 K Fund	"	**	967,643
*	Fidelity Freedom 2035 K Fund	"	**	253,256
*	Fidelity Freedom 2040 K Fund	"	**	718,316
*	Fidelity Freedom 2045 K Fund	"	**	33,437
*	Fidelity Freedom 2050 K Fund	"	**	18,076
*	Fidelity Strategic Income Fund	"	**	127,820
	Total mutual funds			178,810,158
*	TIAA-CREF Self Directed Account	Self directed brokerage accounts	**	838,998
*	Fidelity Brokerage Link	"	**	16,727,706
	Total self directed brokerage accounts			17,566,704
	Total investments at fair value			298,594,230
	Total investments on the statement of net assets available for benefits			317,855,737
*	Participant Loans	(4.25% - 9.50%)	-	322,476
	Total investments on the Form 5500			<u>\$ 318,178,213</u>

** Cost omitted for participant directed investments.

* Indicates party-in-interest to the Plan.