

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 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) 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) BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917
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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/02/2026	CHRISTOPHER LEHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 1845
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 992 6a(2) 971 6b 0 6c 871 6d 1842 6e 0 6f 1842 6g(1) 1555 6g(2) 1581 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 Characteristic 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 Characteristic Codes in the instructions:

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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	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.
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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	608	01/01/2025	12/31/2025

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	4	62902170
5 Current value of plan's interest under this contract in separate accounts at year end	5	60771298

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

63760921

c Additions: (1) Contributions deposited during the year**7c(1)**

250539

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

2632863

(4) Transferred from separate account

7c(4)

5502429

(5) Other (specify below)

7c(5)

64507

▶ PLAN SERVICING CREDIT

(6) Total additions

7c(6)

8450338

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

72211259

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

4843637

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account

7e(3)

4400732

(4) Other (specify below)

7e(4)

64720

▶ FEES, PLAN TO PLAN TRANSFER

(5) Total deductions

7e(5)

9309089

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

62902170

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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)
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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

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

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

GLOBAL RETIREMENT PARTNERS

ATTM GRP COMPENSATION DEPT
4340 REDWOOD HWY, STE B60
SAN RAFAEL, CA 94903-2121

(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	26000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	17700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	11182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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 LLC

47-1411118

(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	6018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	-11551	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY 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.	
THE NORTHERN TRUST COMPANY 50 SOUTH LASALLE STREET CHICAGO, IL 60603	.12 BPS DRIEHAUS EM 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.	
SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	.25 BPS JPM GOVT BOND R4	
(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	(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 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	
(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.	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BRYANT UNIVERSITY 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BRYANT UNIVERSITY		D Employer Identification Number (EIN) 05-0258810

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

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

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

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4339243
-------------------------	-----------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	29094	29002
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1439	31202
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5306254	4326334
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	322476	452467
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4933150	4339243
(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)	242909238	270552291
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	63837565	62947525
(15) Other.....	1c(15)	838998	950708

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	318178214	343628772

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	1	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	1	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	318178213	343628772
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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)	5395339	
(B) Participants	2a(1)(B)	4784474	
(C) Others (including rollovers)	2a(1)(C)	549541	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		10729354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	203207	
(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)	32142	
(F) Other	2b(1)(F)	2635036	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2870385
(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)	9646977	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		9646977
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		181785
(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)		29762996
c Other income	2c		242987
d Total income. Add all income amounts in column (b) and enter total	2d		53434484

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27232454	
(2) To insurance carriers for the provision of benefits	2e(2)	680251	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		27912705
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	82816	
(3) Recordkeeping fees	2i(3)	-11601	
(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)	5	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71220
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27983925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25450559
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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	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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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
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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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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 qualified institutions 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, 2025, 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 qualified institutions 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 & Bletzer, PLLC

Kingston, NH
June 30, 2026

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Investments, at fair value:		
Insurance contract (non benefit-responsive)	\$ 44,240,452	\$ 44,577,497
Variable annuity contracts	56,432,055	52,706,721
Pooled separate account	4,339,243	4,933,150
Mutual funds	203,756,756	178,810,158
Self-directed brokerage accounts	<u>15,669,524</u>	<u>17,566,704</u>
Total investments at fair value	324,438,030	298,594,230
Investments, at contract value:		
Insurance contracts (fully benefit-responsive)	<u>18,738,275</u>	<u>19,261,507</u>
Total investments	343,176,305	317,855,737
Receivables:		
Notes receivable from participants	<u>452,467</u>	<u>322,476</u>
Net assets available for benefits	<u><u>\$ 343,628,772</u></u>	<u><u>\$ 318,178,213</u></u>

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

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2025

	<u>2025</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 30,187,830
Interest	2,761,706
Dividends	<u>9,755,594</u>
	42,705,130
Contributions:	
Participant contributions	4,784,474
Rollover contributions	549,541
Employer contributions	<u>5,395,339</u>
	10,729,354
 Total additions	 53,434,484
 Deductions:	
Distributions to participants	27,912,705
Administrative expenses	<u>71,220</u>
 Total deductions	 <u>27,983,925</u>
 Net increase	 25,450,559
 Net assets available for benefits:	
Beginning of year	<u>318,178,213</u>
 End of year	 <u><u>\$ 343,628,772</u></u>

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

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

A. PLAN DESCRIPTION:

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

General

The Plan is a defined contribution plan sponsored by Bryant University (the "University"), covering all employees except those employees who work less than 20 hours per week and student employees. Effective January 1, 2025, long-term part time employees are allowed to participate if they work two consecutive years with at least 500 hours. 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, 2018 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, other than public safety union employees, in the amount of 8% of up to \$58,800 of each participant's compensation plus 12% of compensation in excess of \$58,800 as defined by the Plan. 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 plus 12% of compensation in excess of 75% of the SSTWB in effect at the beginning of the plan year. Public safety union employees hired after July 1, 2003, 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.

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

Participant Accounts

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

Vesting

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

Revenue Credits

The Plan holds assets in revenue credit accounts which receive contributions as a result of revenue sharing agreements with TIAA and Fidelity. During 2025, contributions to the accounts totaled \$152,874, 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 2025, \$82,335 was used to pay qualified plan expenses and \$77,991 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.

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

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% 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.

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. 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.

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

Plan Expenses

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

Use of Estimates

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

C. FAIR VALUE MEASUREMENTS:

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

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

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

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

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

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

Self-directed brokerage accounts – Invested in mutual funds and exchange traded 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.

Exchange traded funds – Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

Description	2025			
	Total	Level 1	Level 2	Level 3
Self-directed brokerage accounts	\$ 15,669,524	\$ 15,669,524	\$ -	\$ -
Insurance contract (non benefit-responsive)	44,240,452	-	-	44,240,452
Mutual funds	<u>203,756,756</u>	<u>203,756,756</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	263,666,732	<u>\$ 219,426,280</u>	<u>\$ -</u>	<u>\$ 44,240,452</u>
Investments measured at net asset value(1):				
Pooled separate account	4,339,243			
Variable annuity contracts	<u>56,432,055</u>			
Total investments measured at net asset value	<u>60,771,298</u>			
Total investments at fair value	<u>\$ 324,438,030</u>			

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	<u>178,810,158</u>	<u>178,810,158</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	240,954,359	<u>\$ 196,376,862</u>	<u>\$ -</u>	<u>\$ 44,577,497</u>
Investments measured at net asset value(1):				
Pooled separate account	4,933,150			
Variable annuity contracts	<u>52,706,721</u>			
Total investments measured at net asset value	<u>57,639,871</u>			
Total investments at fair value	<u>\$ 298,594,230</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:

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

	2025	2024
Investments measured		
at net asset value (non-DFE's):		
Variable annuity contracts:		
Stock (a)	\$ 36,116,263	\$ 32,183,725
Money market (b)	2,422,605	1,789,525
Social choice (c)	1,472,163	1,472,184
Bond market (d)	515,123	593,971
Growth (e)	11,836,827	12,359,322
Equity (f)	3,565,128	3,819,335
Inflation (g)	503,946	488,659
Total variable annuity contracts	<u>\$ 56,432,055</u>	<u>\$ 52,706,721</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.
- (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.

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

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.

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

Instrument	Fair Value	Principal Valuation Technique	2025	
			Unobservable Input(s)	Range of Significant Input Values
TIAA Traditional - RA and GRA (non benefit-responsive)	\$ 37,087,567	Discounted Cash Flow	Discount Rate	4.52%-5.23%
			Crediting Interest Rate	4.93%
			Duration	9 years
			Payout Date	12/31/25-12/31/34
			Payout Percentage	10%-100%
TIAA Traditional - RC (non benefit-responsive)	\$ 7,152,885	Discounted Cash Flow	Discount Rate	5.02%-5.73%
			Crediting Interest Rate	5.18%
			Duration	60 months (5 years)
			Payout Date	12/31/25-12/31/30
			Payout Percentage	20%-100%

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

2024				
Instrument	Fair Value	Principal Valuation Technique	Unobservable Input(s)	Range of Significant Input Values
TIAA Traditional - RA and GRA (non benefit-responsive)	\$ 38,049,132	Discounted Cash Flow	Discount Rate Crediting Interest Rate Duration Payout Date Payout Percentage	4.96%-5.38% 5.25% 9 years 12/31/24-12/31/33 10%-100%
TIAA Traditional - RC (non benefit-responsive)	\$ 6,528,365	Discounted Cash Flow	Discount Rate Crediting Interest Rate Duration Payout Date Payout Percentage	5.05%-5.63% 5.50% 60 months (5 years) 12/31/24-12/31/29 20%-100%

Purchases and sales of the Plan's level 3 investments during the year ending December 31, 2025 were \$3,646,744 and \$5,896,833, respectively. There were no transfers into or out of level 3 investments during the year.

D. INVESTMENTS AT CONTRACT VALUE:

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

	2025	2024
TIAA Traditional Annuity - FBRIC	\$ 18,661,717	\$ 19,183,424
New York Life Guaranteed Interest Account - FBRIC	<u>76,558</u>	<u>78,083</u>
Total investments at contract value	<u>\$ 18,738,275</u>	<u>\$ 19,261,507</u>

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 RA, SRA, GRA, RC, RCP, and GSRA as determined by the contract between TIAA and the participant. Employer contributions must be made to an RA, GRA or RC contract. Participant contributions may be made to an RA, SRA, GRA, RC, RCP, or GSRA contract as determined by the participant.

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

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

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

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

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

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

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

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

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

E. TAX STATUS:

The Plan has adopted the volume submitter plan document of The Angell Pension Group Inc. The volume submitter sponsor received a favorable opinion letter dated March 31, 2017 in which the Internal Revenue Service ("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.

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

F. CERTIFIED INVESTMENTS:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the year ended December 31, 2025, 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.

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

I. RISKS AND UNCERTAINTIES:

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

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through June 30, 2026, 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, 2025

(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
	<u>Insurance contracts at contract value:</u>			
*	TIAA Traditional Benefit Responsive	Insurance contract	**	\$ 18,661,717
	New York Life Guaranteed Interest Account	"	**	76,558
	Total insurance contracts at contract value			18,738,275
	<u>Investments at fair value:</u>			
*	TIAA Traditional Benefit Non Responsive	Insurance contract	**	44,240,452
*	CREF Total Global Stock R2	Variable annuity contract	**	36,116,263
*	CREF Money Market R2	"	**	2,422,605
*	CREF Responsible Balanced R2	"	**	1,472,163
*	CREF Global Equities R2	"	**	3,380,490
*	CREF Growth R2	"	**	8,456,337
*	CREF S&P 500 Index R2	"	**	3,565,128
*	CREF Inflation-Linked Bond R2	"	**	503,946
*	CREF Core Bond R2	"	**	515,123
	Total variable annuity contracts			56,432,055
*	TIAA Real Estate Fund	Pooled separate account	**	4,339,243
*	Nuveen Core Plus Bond Retirement	Mutual fund	**	50,847
*	Nuveen Core Bond Retirement	"	**	125,820
*	Nuveen Equity Index Premier	"	**	6,223,055
*	Nuveen Core Equity Retirement	"	**	310,921
*	Nuveen High Yield Retirement	"	**	33,698
*	Nuveen Inflation Linked Bond Retirement	"	**	13,486
*	Nuveen International Equity Idx Retirement	"	**	119,785
*	Nuveen International Equity Retirement	"	**	120,430
*	Nuveen Lifecycle Retirement Income	"	**	17,903
*	Nuveen Large Cap Gr Idx R6	"	**	3,302,394
*	Nuveen Large Cap Gr Idx Retirement	"	**	29,148
*	Nuveen Large Cap Growth Retirement	"	**	17,828
*	Nuveen Large Cap Val Idx Retirement	"	**	18,655
*	Nuveen Large Cap Value Retirement	"	**	96,819
*	Nuveen Lifecycle 2010 Retirement	"	**	218,560
*	Nuveen Lifecycle 2015 Retirement	"	**	255,191
*	Nuveen Lifecycle 2020 Retirement	"	**	503,452
*	Nuveen Lifecycle 2025 Retirement	"	**	749,159
*	Nuveen Lifecycle 2030 Retirement	"	**	1,122,667
*	Nuveen Lifecycle 2035 Retirement	"	**	1,497,417
*	Nuveen Lifecycle 2040 Retirement	"	**	1,778,844
*	Nuveen Lifecycle 2045 Retirement	"	**	328,285
*	Nuveen Lifecycle 2050 Retirement	"	**	103,487
*	Nuveen Quant Mid Cap Growth Retirement	"	**	37,887
*	Nuveen Mid Cap Value Retirement	"	**	141,877
*	Nuveen Money Market R6	"	**	2,501,094

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, 2025

(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 Real Est Sec Sel Retirement	"	**	7,275
*	Nuveen Short Term Bond Retirement	"	**	394
*	Nuveen Small Cap Bld Idx Retirement	"	**	9,875
*	Nuveen Quant Sm Cp Eq Retirement	"	**	121,304
*	Nuveen Large Cap Resp Eq Retirement	"	**	13,502
	T. Rowe Price Retire 2005 Fund	"	**	981,998
	T. Rowe Price Retire 2010 Fund	"	**	981,472
	T. Rowe Price Retire 2015 Fund	"	**	3,217,992
	T. Rowe Price Retire 2020 Fund	"	**	5,361,008
	T. Rowe Price Retire 2025 Fund	"	**	10,470,970
	T. Rowe Price Retire 2030 Fund	"	**	13,084,853
	T. Rowe Price Retire 2035 Fund	"	**	17,142,190
	T. Rowe Price Retire 2040 Fund	"	**	12,076,118
	T. Rowe Price Retire 2045 Fund	"	**	12,908,977
	T. Rowe Price Retire 2050 Fund	"	**	5,794,313
	T. Rowe Price Retire 2055 Fund	"	**	4,830,401
	Vanguard Small-Cap Idx Adm	"	**	7,548,649
	Vanguard Ttl Bd Mkt Idx Adm	"	**	5,461,595
	Vanguard Mid-Cap Idx Adm	"	**	2,714,218
	DFA Inflation Prot Sec Port Inst	"	**	1,982,158
	Putnam Large Cap Value Fund Y	"	**	13,328,915
	Vanguard Ttl Intl Stk Idx Adm	"	**	13,066,192
	T Rowe Price Retirement 2060	"	**	1,265,239
	Vanguard Materials Index Adm	"	**	596,395
	DFA Glob RE Securities Inst	"	**	1,370,628
	JPMorgan Government Bond R4	"	**	534,405
	PIMCO Low Duration Opp Instal	"	**	1,467,224
	T Rowe Price Ret 2065 - Inv	"	**	318,038
	JPMorgan Large Cap Growth R6	"	**	10,849,050
	Driehaus Emerging Mkts Gr Inst	"	**	2,242,286
	Victory Sycamore Estab Val R6	"	**	1,925,683
	Victory Core Plus Intermediate Bond R6	"	**	3,244,565
	Manning & Napier High Yield Z	"	**	1,829,552
	MFS Mid Cap Growth Fund R6	"	**	1,564,230
	Cohen & Steers Realty Shares Class Z	"	**	550,972
	Gabelli U.S. Treasury Money Market Fund	"	**	2,538,001
*	Fidelity Fund	"	**	129,468
*	Fidelity Puritan	"	**	356,863
*	Fidelity Select Consumer Staples Fund	"	**	93,565
*	Fidelity Value Strategies Fund	"	**	219,032
*	Fidelity Magellan Fund	"	**	465,950
*	Fidelity Contrafund	"	**	1,114,082
*	Fidelity Equity Income Fund	"	**	77,728
*	Fidelity Growth Company Fund	"	**	843,043

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, 2025

(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 Growth & Income Fund	"	**	28,071
*	Fidelity Intermediate Bond Fund	"	**	30,858
*	Fidelity Capital & Income Fund	"	**	21,098
*	Fidelity Select Gold Fund	"	**	4,613
*	Fidelity Select Biotechnology Fund	"	**	66,645
*	Fidelity Gov Cash Reserve Fund	"	**	77,818
*	Fidelity OTC Portfolio Fund	"	**	96,977
*	Fidelity Overseas Fund	"	**	8,577
*	Fidelity Leveraged Company Stock Fund	"	**	193,159
*	Fidelity New Millennium Fund	"	**	444,037
*	Fidelity Real Estate Investment Fund	"	**	80,488
*	Fidelity Balanced Fund	"	**	35,134
*	Fidelity International Discovery Fund	"	**	26,466
*	Fidelity Convertible Securities Fund	"	**	21,294
*	Fidelity Canada Fund	"	**	10,065
*	Fidelity Blue Chip Growth Fund	"	**	1,334,151
*	Fidelity Asset Manager 50% Fund	"	**	12,489
*	Fidelity Disciplined Equity Fund	"	**	111,419
*	Fidelity Low Priced Stock Fund	"	**	938,687
*	Fidelity Emerging Markets Fund	"	**	17,067
*	Fidelity Growth Strategies Fund	"	**	11,601
*	Fidelity Diversified International Fund	"	**	313,275
*	Fidelity Dividend Growth Fund	"	**	438,544
*	Fidelity Stock Selector Small Cap Fund	"	**	22,264
*	Fidelity Mid Cap Stock Fund	"	**	53,658
*	Fidelity Emerging Asia Fund	"	**	12,236
*	Fidelity Multi-Asset Index Fund	"	**	140,363
*	Fidelity Treasury Only Money Market Fund	"	**	58,261
*	Fidelity Short Term Bond Fund	"	**	882
*	Fidelity Money Market Fund	"	**	3,770
*	Fidelity Select Pharmaceutical Fund	"	**	26,016
*	Fidelity NASDAQ Composite Index Fund	"	**	245,351
*	Fidelity US Bond Index Fund	"	**	8,503
*	Fidelity 500 Index Fund	"	**	1,055,725
*	Fidelity Small Cap Index Fund	"	**	344,230
*	Fidelity Total Market Index Fund	"	**	9,418,048
*	Fidelity International Index Fund	"	**	71,332
*	Fidelity Extended Market Index Fund	"	**	415,525
*	Fidelity Inflation-Protected Bond Fund	"	**	45,792
*	Fidelity Government Money Market	"	**	23,795
*	Fidelity Freedom Retirement K Fund	"	**	88,088
*	Fidelity Freedom 2010 K Fund	"	**	3,308
*	Fidelity Freedom 2015 K Fund	"	**	3,210
*	Fidelity Freedom 2020 K Fund	"	**	297,382

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, 2025

(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 Freedom 2025 K Fund	"	**	311,035
*	Fidelity Freedom 2030 K Fund	"	**	983,877
*	Fidelity Freedom 2035 K Fund	"	**	302,224
*	Fidelity Freedom 2040 K Fund	"	**	877,196
*	Fidelity Freedom 2045 K Fund	"	**	41,376
*	Fidelity Freedom 2050 K Fund	"	**	22,376
*	Fidelity Strategic Income Fund	"	**	139,323
	Total mutual funds			203,756,756
*	TIAA-CREF Self Directed Account	Self directed brokerage accounts	**	950,708
*	Fidelity Brokerage Link	"	**	14,718,816
	Total self directed brokerage accounts			15,669,524
	Total investments at fair value			324,438,030
	Total investments on the statement of net assets available for benefits			343,176,305
*	Participant Loans	(4.25%-9.50%)	-	452,467
	Total investments on the Form 5500			<u>\$ 343,628,772</u>

** Cost omitted for participant directed investments.

* Indicates party-in-interest to the Plan.

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 2025 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2025</u> and ending <u>12/31/2025</u>	
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information											
1a Name of plan BRYANT UNIVERSITY 403 (B) RETIREMENT PLAN 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) Bryant University 1150 Douglas Pike Smithfield RI 02917	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1950</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 05-0258810</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 401-232-6010</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 611000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/1950		2b Employer Identification Number (EIN) 05-0258810		2c Plan Sponsor's telephone number 401-232-6010		2d Business code (see instructions) 611000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 01/01/1950											
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.

SIGN HERE		<u>7/2/2026</u>	CHRISTOPHER LEHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>7/2/2026</u>	CHRISTOPHER LEHMAN
	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

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☐ 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 1,845
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 992 6a(2) 971 6b 0 6c 871 6d 1,842 6e 0 6f 1,842 6g(1) 1,555 6g(2) 1,581 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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
 (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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, 2025

(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
	<u>Insurance contracts at contract value:</u>			
*	TIAA Traditional Benefit Responsive	Insurance contract	**	\$ 18,661,717
	New York Life Guaranteed Interest Account	"	**	76,558
	Total insurance contracts at contract value			18,738,275
	<u>Investments at fair value:</u>			
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*	CREF Total Global Stock R2	Variable annuity contract	**	36,116,263
*	CREF Money Market R2	"	**	2,422,605
*	CREF Responsible Balanced R2	"	**	1,472,163
*	CREF Global Equities R2	"	**	3,380,490
*	CREF Growth R2	"	**	8,456,337
*	CREF S&P 500 Index R2	"	**	3,565,128
*	CREF Inflation-Linked Bond R2	"	**	503,946
*	CREF Core Bond R2	"	**	515,123
	Total variable annuity contracts			56,432,055
*	TIAA Real Estate Fund	Pooled separate account	**	4,339,243
*	Nuveen Core Plus Bond Retirement	Mutual fund	**	50,847
*	Nuveen Core Bond Retirement	"	**	125,820
*	Nuveen Equity Index Premier	"	**	6,223,055
*	Nuveen Core Equity Retirement	"	**	310,921
*	Nuveen High Yield Retirement	"	**	33,698
*	Nuveen Inflation Linked Bond Retirement	"	**	13,486
*	Nuveen International Equity Idx Retirement	"	**	119,785
*	Nuveen International Equity Retirement	"	**	120,430
*	Nuveen Lifecycle Retirement Income	"	**	17,903
*	Nuveen Large Cap Gr Idx R6	"	**	3,302,394
*	Nuveen Large Cap Gr Idx Retirement	"	**	29,148
*	Nuveen Large Cap Growth Retirement	"	**	17,828
*	Nuveen Large Cap Val Idx Retirement	"	**	18,655
*	Nuveen Large Cap Value Retirement	"	**	96,819
*	Nuveen Lifecycle 2010 Retirement	"	**	218,560
*	Nuveen Lifecycle 2015 Retirement	"	**	255,191
*	Nuveen Lifecycle 2020 Retirement	"	**	503,452
*	Nuveen Lifecycle 2025 Retirement	"	**	749,159
*	Nuveen Lifecycle 2030 Retirement	"	**	1,122,667
*	Nuveen Lifecycle 2035 Retirement	"	**	1,497,417
*	Nuveen Lifecycle 2040 Retirement	"	**	1,778,844
*	Nuveen Lifecycle 2045 Retirement	"	**	328,285
*	Nuveen Lifecycle 2050 Retirement	"	**	103,487
*	Nuveen Quant Mid Cap Growth Retirement	"	**	37,887
*	Nuveen Mid Cap Value Retirement	"	**	141,877
*	Nuveen Money Market R6	"	**	2,501,094

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

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

December 31, 2025

(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 Real Est Sec Sel Retirement	"	**	7,275
*	Nuveen Short Term Bond Retirement	"	**	394
*	Nuveen Small Cap Bld Idx Retirement	"	**	9,875
*	Nuveen Quant Sm Cp Eq Retirement	"	**	121,304
*	Nuveen Large Cap Resp Eq Retirement	"	**	13,502
	T. Rowe Price Retire 2005 Fund	"	**	981,998
	T. Rowe Price Retire 2010 Fund	"	**	981,472
	T. Rowe Price Retire 2015 Fund	"	**	3,217,992
	T. Rowe Price Retire 2020 Fund	"	**	5,361,008
	T. Rowe Price Retire 2025 Fund	"	**	10,470,970
	T. Rowe Price Retire 2030 Fund	"	**	13,084,853
	T. Rowe Price Retire 2035 Fund	"	**	17,142,190
	T. Rowe Price Retire 2040 Fund	"	**	12,076,118
	T. Rowe Price Retire 2045 Fund	"	**	12,908,977
	T. Rowe Price Retire 2050 Fund	"	**	5,794,313
	T. Rowe Price Retire 2055 Fund	"	**	4,830,401
	Vanguard Small-Cap Idx Adm	"	**	7,548,649
	Vanguard Ttl Bd Mkt Idx Adm	"	**	5,461,595
	Vanguard Mid-Cap Idx Adm	"	**	2,714,218
	DFA Inflation Prot Sec Port Inst	"	**	1,982,158
	Putnam Large Cap Value Fund Y	"	**	13,328,915
	Vanguard Ttl Intl Stk Idx Adm	"	**	13,066,192
	T Rowe Price Retirement 2060	"	**	1,265,239
	Vanguard Materials Index Adm	"	**	596,395
	DFA Glob RE Securities Inst	"	**	1,370,628
	JPMorgan Government Bond R4	"	**	534,405
	PIMCO Low Duration Opp Instal	"	**	1,467,224
	T Rowe Price Ret 2065 - Inv	"	**	318,038
	JPMorgan Large Cap Growth R6	"	**	10,849,050
	Driehaus Emerging Mkts Gr Inst	"	**	2,242,286
	Victory Sycamore Estab Val R6	"	**	1,925,683
	Victory Core Plus Intermediate Bond R6	"	**	3,244,565
	Manning & Napier High Yield Z	"	**	1,829,552
	MFS Mid Cap Growth Fund R6	"	**	1,564,230
	Cohen & Steers Realty Shares Class Z	"	**	550,972
	Gabelli U.S. Treasury Money Market Fund	"	**	2,538,001
*	Fidelity Fund	"	**	129,468
*	Fidelity Puritan	"	**	356,863
*	Fidelity Select Consumer Staples Fund	"	**	93,565
*	Fidelity Value Strategies Fund	"	**	219,032
*	Fidelity Magellan Fund	"	**	465,950
*	Fidelity Contrafund	"	**	1,114,082
*	Fidelity Equity Income Fund	"	**	77,728
*	Fidelity Growth Company Fund	"	**	843,043

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

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

December 31, 2025

(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 Growth & Income Fund	"	**	28,071
*	Fidelity Intermediate Bond Fund	"	**	30,858
*	Fidelity Capital & Income Fund	"	**	21,098
*	Fidelity Select Gold Fund	"	**	4,613
*	Fidelity Select Biotechnology Fund	"	**	66,645
*	Fidelity Gov Cash Reserve Fund	"	**	77,818
*	Fidelity OTC Portfolio Fund	"	**	96,977
*	Fidelity Overseas Fund	"	**	8,577
*	Fidelity Leveraged Company Stock Fund	"	**	193,159
*	Fidelity New Millennium Fund	"	**	444,037
*	Fidelity Real Estate Investment Fund	"	**	80,488
*	Fidelity Balanced Fund	"	**	35,134
*	Fidelity International Discovery Fund	"	**	26,466
*	Fidelity Convertible Securities Fund	"	**	21,294
*	Fidelity Canada Fund	"	**	10,065
*	Fidelity Blue Chip Growth Fund	"	**	1,334,151
*	Fidelity Asset Manager 50% Fund	"	**	12,489
*	Fidelity Disciplined Equity Fund	"	**	111,419
*	Fidelity Low Priced Stock Fund	"	**	938,687
*	Fidelity Emerging Markets Fund	"	**	17,067
*	Fidelity Growth Strategies Fund	"	**	11,601
*	Fidelity Diversified International Fund	"	**	313,275
*	Fidelity Dividend Growth Fund	"	**	438,544
*	Fidelity Stock Selector Small Cap Fund	"	**	22,264
*	Fidelity Mid Cap Stock Fund	"	**	53,658
*	Fidelity Emerging Asia Fund	"	**	12,236
*	Fidelity Multi-Asset Index Fund	"	**	140,363
*	Fidelity Treasury Only Money Market Fund	"	**	58,261
*	Fidelity Short Term Bond Fund	"	**	882
*	Fidelity Money Market Fund	"	**	3,770
*	Fidelity Select Pharmaceutical Fund	"	**	26,016
*	Fidelity NASDAQ Composite Index Fund	"	**	245,351
*	Fidelity US Bond Index Fund	"	**	8,503
*	Fidelity 500 Index Fund	"	**	1,055,725
*	Fidelity Small Cap Index Fund	"	**	344,230
*	Fidelity Total Market Index Fund	"	**	9,418,048
*	Fidelity International Index Fund	"	**	71,332
*	Fidelity Extended Market Index Fund	"	**	415,525
*	Fidelity Inflation-Protected Bond Fund	"	**	45,792
*	Fidelity Government Money Market	"	**	23,795
*	Fidelity Freedom Retirement K Fund	"	**	88,088
*	Fidelity Freedom 2010 K Fund	"	**	3,308
*	Fidelity Freedom 2015 K Fund	"	**	3,210
*	Fidelity Freedom 2020 K Fund	"	**	297,382

BRYANT UNIVERSITY 403(b) RETIREMENT PLAN

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

December 31, 2025

(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 Freedom 2025 K Fund	"	**	311,035
*	Fidelity Freedom 2030 K Fund	"	**	983,877
*	Fidelity Freedom 2035 K Fund	"	**	302,224
*	Fidelity Freedom 2040 K Fund	"	**	877,196
*	Fidelity Freedom 2045 K Fund	"	**	41,376
*	Fidelity Freedom 2050 K Fund	"	**	22,376
*	Fidelity Strategic Income Fund	"	**	139,323
	Total mutual funds			203,756,756
*	TIAA-CREF Self Directed Account	Self directed brokerage accounts	**	950,708
*	Fidelity Brokerage Link	"	**	14,718,816
	Total self directed brokerage accounts			15,669,524
	Total investments at fair value			324,438,030
	Total investments on the statement of net assets available for benefits			343,176,305
*	Participant Loans	(4.25%-9.50%)	-	452,467
	Total investments on the Form 5500			<u>\$ 343,628,772</u>

** Cost omitted for participant directed investments.

* Indicates party-in-interest to the Plan.