

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN</u>	<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;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1990</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-2535767</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>617-547-5552</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541700</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1990</u>		2b Employer Identification Number (EIN) <u>04-2535767</u>		2c Plan Sponsor's telephone number <u>617-547-5552</u>		2d Business code (see instructions) <u>541700</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1990</u>											
2b Employer Identification Number (EIN) <u>04-2535767</u>											
2c Plan Sponsor's telephone number <u>617-547-5552</u>											
2d Business code (see instructions) <u>541700</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNION OF CONCERNED SCIENTISTS, INC.</u> <u>TWO BRATTLE SQUARE</u> <u>CAMBRIDGE, MA 02238-9105</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	ALICIA RASPA
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	385
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	212
a(2) Total number of active participants at the end of the plan year		6a(2)	211
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	199
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	414
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	414
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	405
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767

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	387357	217	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

(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	1196643
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	12347164

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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	1080339
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c	Additions: (1) Contributions deposited during the year	7c(1)	39635	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	37525	
	(4) Transferred from separate account.....	7c(4)	49093	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	126253
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1206592
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9949	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	9949
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1196643
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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)	
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)	
(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)	
(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. Specify nature of costs.	10b	

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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767

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	387358	162	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1515163
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14055361

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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	1433197
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c	Additions: (1) Contributions deposited during the year	7c(1)	45280	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	44931	
	(4) Transferred from separate account.....	7c(4)	105452	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	195663
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1628860
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29299	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	83378	
	(4) Other (specify below)	7e(4)	1020	
	▶ PLAN TO PLAN TRANSFER			

(5) Total deductions	7e(5)	113697
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1515163
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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)	
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)	
(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)	
(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. Specify nature of costs.	10b	

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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

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
13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	NONE	3615	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 ☐

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.				D Employer Identification Number (EIN) 04-2535767	
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) 732558	
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)	

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

Schedule D (Form 5500) 2021 v. 201209

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		62422
(2) Participant contributions.....	1b(2)		69808
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		634193
(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)		18750
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	605234	732558
(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)	46620872	54765652
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2513536	2711806
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	49739642 58995189
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	49739642 58995189

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1564501
	(B) Participants	2a(1)(B)	1747246
	(C) Others (including rollovers).....	2a(1)(C)	415331
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3727078
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	62
	(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)	453
	(F) Other	2b(1)(F)	82456
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	82971
(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)	1974806
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1974806
(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)		111636
(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)		5572591
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11469082
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2209620	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2209620
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	3915	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3915
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2213535
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9255547
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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767

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): 04-2647786 13-1624203		
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	27

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
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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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



**Financial Statements
and Supplemental Schedule**

**Union of Concerned Scientists, Inc.
403(b) Plan**

December 31, 2021 and 2020



UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Financial Statements and Supplemental Schedule

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Independent Auditors' Report

The Plan Administrator
Union of Concerned Scientists, Inc. 403(b) Plan
Cambridge, Massachusetts

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We were engaged to perform the audit of the financial statements of the Union of Concerned Scientists, Inc. 403(b) 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

As described in Note 2, the Plan has not maintained accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.



Further, as described in Note 11, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits. Under accounting principles generally accepted in the United States of America, these accounts and the related income and distributions should have been included in the accompanying financial statements. The effects of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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 audit.



Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) since the Plan has not maintained accounting records and supporting documents related to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Maye Heyman McCann P.C.

Boston, Massachusetts
October 17, 2022

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2021</i>	<i>2020</i>
Investments, at fair value	\$ <u>57,329,046</u>	\$ <u>48,306,445</u>
Fully benefit-responsive investment contracts, at contract value	<u>1,515,163</u>	<u>1,433,197</u>
Receivables:		
Notes receivable from participants	18,750	-
Participant deferrals	69,808	-
Employer contributions	<u>62,422</u>	<u>-</u>
Total receivables	<u>150,980</u>	<u>-</u>
Net assets available for benefits	\$ <u>58,995,189</u>	\$ <u>49,739,642</u>

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 2,057,324
Net appreciation in fair value of investments	<u>5,684,227</u>

7,741,551

Interest income on notes receivable from participants	<u>453</u>
---	------------

Contributions:

Employer	1,564,501
Participant deferrals	1,747,246
Participant rollovers	<u>415,331</u>

Total contributions	<u>3,727,078</u>
---------------------	------------------

Total additions to net assets	<u>11,469,082</u>
--------------------------------------	--------------------------

Deductions from net assets attributed to:

Benefits paid to participants	2,209,620
Administrative fees	<u>3,915</u>

Total deductions from net assets	<u>2,213,535</u>
---	-------------------------

Net increase in net assets available for benefits	9,255,547
--	------------------

Net assets available for benefits, beginning of year	<u>49,739,642</u>
--	-------------------

Net assets available for benefits, end of year	\$ <u>58,995,189</u>
---	-----------------------------

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 1 - Description of Plan

The following description of the Union of Concerned Scientists, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 403(b) Plan that's intended to comply with the requirements of Treasury Regulations under Internal Revenue Code (the "Code") Section 403(b) effective January 1, 2009. The Plan is a defined contribution plan covering all employees of Union of Concerned Scientists, Inc. (the "Employer"). Participants become eligible upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are participant-directed.

Elective Participant Contributions

Participants may elect to defer up to 100% of their annual compensation to the Plan, subject to certain limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Subject to approval by the Plan administrator, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("Participant Rollovers").

Employer Contributions

The Employer will make nondiscretionary contributions to the Plan equal to 8% of participant compensation earned, as defined by the Plan. A participant must have one year of service (defined as 1,000 hours) to be eligible for Employer contributions. Employees whose religious beliefs prohibit them from investing under the Plan are excluded from nondiscretionary contributions.

Participant Accounts

Each Participant's account is credited with the Participant's contributions and a pro rata allocation of (a) the Plan's investment earnings, (b) the Employer contributions and (c) charged with an allocation of administration expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account balance.

Vesting

Participants are immediately vested in employee and Employer contributions and rollovers plus actual earnings thereon.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Payment of Benefits

Upon termination of service, a participant may elect to receive the balance of his or her Employer and employee contribution accounts. A participant may receive the balance from his or her accounts upon the earliest of the following events: termination of service, death, disability, attainment of age 59½, or termination of the Plan. Participants may withdraw from their rollover accounts at any time. Participants may elect to receive their benefit payments in a qualified joint and survivor annuity, a single life annuity, a fixed period annuity or a lump sum. In addition, if a participant has terminated and a distribution election has not been made, the Plan's administrator will make distributions only in the case of required minimum distributions.

Hardship withdrawals are available from the Participant's elective deferral account and allowed to meet a Participant's immediate and heavy financial need.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of the balance of their employee elective contribution accounts. The loans are secured by the balance in the Participant's account. Loan terms are generally up to five years (or longer for the purchase of a primary residence) and bear interest at prime plus 1%. Participants are limited to a maximum of three loans outstanding at a time. At December 31, 2021 and 2020, there were \$18,750 and \$0, respectively, of notes receivable from participants outstanding. Principal and interest are paid by the participant directly to TIAA.

Under the CARES Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

Plan Loans

Participants are allowed to take loans directly from TIAA and CREF secured by the participant's balance in the TIAA Traditional Fund. To secure Plan loans, TIAA and CREF transfers 110% of the loan amount from the participant's account to a retirement loan contract within the Plan in the participant's name in the event of default. These loans bear interest at a rate determined by TIAA and CREF. These loans are not plan assets and totaled \$10,238 and \$15,891 at December 31, 2021 and 2020, respectively, with interest rates of 4.00%-4.28%. Principal and interest are paid by the participant directly to TIAA and CREF.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Plan Administration

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Individual participant accounts are charged directly for loan recordkeeping and benefit disbursement processing fees, if applicable. Investment management and recordkeeping expenses are netted against investment earnings. Substantially all administrative expenses of the Plan, such as audit and consulting fees, are paid by the Employer.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

In November 2007, the Department of Labor ("DOL") issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting, disclosure, and audit requirements under Part 1 of Subtitle B of Title I of ERISA. The Plan, however, was established in 1994 and historically the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan sponsor. Accordingly, various accounting and payroll records related to the Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not maintained by the Plan. Consequently, the financial statements have been prepared based on available records analyzed by Plan management. As certain records were not available from the inception of the Plan, there can be no assurance as to the completeness or accuracy of the Plan's reported financial information.

Investments, Investment Valuation and Income Recognition

Investments other than fully benefit-responsive investment contracts (valued at contract value) are reported at fair 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 at the measurement date. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

The Plan has fully benefit-responsive investment contracts and non benefit-responsive contracts with TIAA and CREF. TIAA and CREF maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Unit Values

Individual participant accounts for the pooled separate investment and variable rate annuity accounts are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the funds, but do have an interest therein represented by units which are valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Benefits Paid

Benefits are recorded when paid.

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. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

Subsequent Events

The Employer has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 3 - Investments Certified by the Custodian and Insurance Company

Plan investments are held in mutual funds, fixed and variable rate annuities and a pooled separate account by the Plan's custodian and insurance Company, TIAA and CREF and Fidelity Management Trust Company ("Fidelity") who have certified to the fair and contract value of investments as of December 31, 2021 and 2020, and all investment transactions for the year ended December 31, 2021. Investment transactions include interest and dividend income and net appreciation in value of investments. Information included in the supplemental Schedule of Assets (Held at End of Year) and notes receivable from participants have also been derived from information certified by the custodian and insurance company.

Note 4 - 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 I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

Level I – 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 II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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 II input must be observable for substantially the full term of the asset or liability.

Level III – 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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 Securities and Exchange Commission. 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.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

TIAA Real Estate Account

The account generally invests in real estate properties and real estate-related investments. The account's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals, which are estimates of property values based on a professional's opinion. The account sometimes holds securities as well, and these securities are generally priced using values obtained from independent pricing sources.

The fair value of the Plan's interest in the TIAA Real Estate Account is based on the fund's daily NAV, which is considered by Plan management to be the best approximation of fair value. The NAV is based on the fair values of the underlying investments held by the fund less its liabilities. The unit value of the fund is calculated daily and available to Plan administrators and client investors on TIAA and CREF's website. There are no unfunded commitments from participants in the Plan who invest in this account. The pooled separate account may be redeemed quarterly with one day's notice.

TIAA Traditional Annuity

The TIAA Traditional Annuity is a fixed rate guaranteed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity is offered through a variety of contract types, including Group Retirement Annuities (GRA) and Group Supplemental Retirement Annuities (GSRA, see Note 6). The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

GRA contracts are non benefit-responsive, and accordingly, are reported at fair value. The value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claim-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

TIAA Traditional Annuity (Continued)

For the GRA contracts, lump-sum withdrawals are available within 120 days of termination of employment and are subject to a 2.50% surrender charge. All other withdrawals and transfers from GRA contracts must be spread over 10 annual installments (five annual installments for withdrawals after termination of employment). The GSRA contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the Statement of Changes in Net Assets Available for Benefits.

Liquidity restrictions apply to certain types of contracts that could impact the value realized upon the exiting contract. The redemption provisions of the fixed rate annuities vary depending on the nature of the contract option chosen by the participant.

CREF Variable Annuities and TIAA Access Funds

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

The fair values of accumulation units held by the Plan are based on each account's daily NAV, which is considered by Plan management to be the best approximation of the fair value. The NAV is based on the fair values of the underlying investments held by the fund less its liabilities. Data for NAVs are available daily to Plan administrators and client investors on TIAA and CREF's website and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. There are no unfunded commitments from participants in the Plan who invest in these accounts. The variable annuities may be redeemed daily with one day's notice.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

<i>Description</i>	<i>Investments at Fair Value as of December 31, 2021</i>			
	<i>Level I</i>	<i>Level II</i>	<i>Level III</i>	<i>Total</i>
Mutual funds	\$ 29,729,878	\$ -	\$ -	\$ 29,729,878
Fixed rate annuities	<u>-</u>	<u>-</u>	<u>1,196,643</u>	<u>1,196,643</u>
Total assets in the fair value hierarchy	\$ <u>29,729,878</u>	\$ <u>-</u>	\$ <u>1,196,643</u>	\$ 30,926,521
Investments measured at NAV practical expedient (a)				<u>26,402,525</u>
Total investments at fair value				\$ <u>57,329,046</u>

<i>Description</i>	<i>Investments at Fair Value as of December 31, 2020</i>			
	<i>Level I</i>	<i>Level II</i>	<i>Level III</i>	<i>Total</i>
Mutual funds	\$ 25,142,177	\$ -	\$ -	\$ 25,142,177
Fixed rate annuities	<u>-</u>	<u>-</u>	<u>1,080,339</u>	<u>1,080,339</u>
Total assets in the fair value hierarchy	\$ <u>25,142,177</u>	\$ <u>-</u>	\$ <u>1,080,339</u>	\$ 26,222,516
Investments measured at NAV practical expedient (a)				<u>22,083,929</u>
Total investments at fair value				\$ <u>48,306,445</u>

- (a) In accordance with ASC Subtopic 820-10, "Fair Value Measurements," certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

For the years ended December 31, 2021 and 2020, there were purchases of \$88,728 and \$124,864, respectively, and sales of \$9,949 and \$3,156, respectively, attributable to Level III investments in the fair value hierarchy.

Quantitative Information about Significant Unobservable Inputs Used in Level III Fair Value Measurements

The following table as of December 31, 2021 and 2020 represents the Plan's Level III financial instruments, the valuation techniques used to measure the fair value of those financial instruments, the significant unobservable inputs and the range of values for those inputs.

<u>Description</u>	<u>12/31/2021 Fair Value</u>	<u>12/31/2020 Fair Value</u>	<u>Principal Valuation Techniques</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
TIAA Traditional - Fixed Rate Annuity	\$ 1,196,643	\$ 1,080,339	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	GRA - 3.70%

Note 5 - Net Asset Value ("NAV") Per Share

Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table summarizes investments for which fair value is based on NAV per share as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments.

<u>Investments</u>	<u>Fair Value 12/31/2021</u>	<u>Fair Value 12/31/2020</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Variable Rate Annuities	\$ 25,669,967	\$ 21,478,695	\$ -	Daily	1 day
Pooled Separate Accounts	732,558	605,234	-	Quarterly	1 day
Total	\$ 26,402,525	\$ 22,083,929	\$ -		

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 6 - Fully Benefit-Responsive Investment Contracts

Following is a description of the investments and valuation methodologies for fully benefit-responsive investment contracts:

TIAA Traditional Annuity

The Group Supplemental Retirement Annuities (GSRA) contracts are also traditional annuity contracts as discussed in Note 4. GSRA contracts have no liquidity restrictions and are therefore fully benefit-responsive contracts reported at contract value. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the Statement of Changes in Net Assets Available for Benefits.

The total contract value of the TIAA Traditional (GSRA) fully benefit-responsive investment contracts at December 31, 2021 and 2020 was \$1,515,163 and \$1,433,197, respectively. For accumulating GSRA contracts, the crediting interest rate was 3% as of December 31, 2021.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the 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 Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The Plan's ability to receive amounts due is dependent on the 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.

Note 7 - 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 such as a pandemic or international conflict 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 values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits..

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

Note 9 - Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds, fixed and variable rate annuities and a pooled separate account, managed by TIAA and CREF and Fidelity. TIAA and CREF and Fidelity are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan made a direct payment to the custodians of \$3,915 which was not covered by revenue sharing.

Note 10 - Tax Status

The Plan was amended in 2019 to adopt the FIS Business Systems LLC Volume Submitter 403(b) Plan Document that received an IRS opinion letter dated March 31, 2017 which stated that the Plan is acceptable under Section 403(b) of the Internal Revenue Code (the "Code") for use by eligible Employers for the benefit of their employees. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes the Plan is qualified and related accounts are tax exempt.

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 (or asset) if the Plan has taken an uncertain tax 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.

Note 11 - Orphan Contracts

The Plan has excluded from investments in the accompanying Statements of Net Assets Available for Benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Management has made a good faith effort to obtain this information but has been unsuccessful. The investment income and distributions related to such accounts have also been excluded in the accompanying Statement of Changes in Net Assets Available for Benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

Supplemental Schedule

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA Traditional	Benefit-Responsive Fixed Rate Annuities	\$	1,515,163
*	TIAA Traditional	Non Benefit-Responsive Fixed Rate Annuities		1,196,643
*	TIAA Real Estate	Pooled Separate Account		732,558
*	CREF Stock	Variable Annuity		1,734,911
*	CREF Money Market	Variable Annuity		605,426
*	CREF Social Choice	Variable Annuity		5,027,117
*	CREF Bond Market	Variable Annuity		541,511
*	CREF Global Equities	Variable Annuity		1,625,647
*	CREF Growth	Variable Annuity		1,902,375
*	CREF Equity Index	Variable Annuity		1,784,433
*	CREF Inflation-Linked Bond	Variable Annuity		177,677
*	TIAA Access Lifecycle 2010	Variable Annuity		22,659
*	TIAA Access Lifecycle 2015	Variable Annuity		331,870
*	TIAA Access Lifecycle 2020	Variable Annuity		1,187,050
*	TIAA Access Lifecycle 2025	Variable Annuity		621,969
*	TIAA Access Lifecycle 2030	Variable Annuity		1,088,402
*	TIAA Access Lifecycle 2035	Variable Annuity		365,554
*	TIAA Access Lifecycle 2040	Variable Annuity		2,155,765
*	TIAA Access Lifecycle 2045	Variable Annuity		1,667,737
*	TIAA Access Lifecycle 2050	Variable Annuity		1,451,421
*	TIAA Access Lifecycle 2055	Variable Annuity		243,190
*	TIAA Access Lifecycle 2060	Variable Annuity		392,700
*	TIAA Access Core Bond Plus	Variable Annuity		14,705
*	TIAA Access Equity Index	Variable Annuity		3,610
*	TIAA Access Growth & Income	Variable Annuity		36,914
*	TIAA Access International Equity	Variable Annuity		209,735
*	TIAA Access Large Cap Growth	Variable Annuity		176,318
*	TIAA Access Large Cap Value	Variable Annuity		104,936
*	TIAA Access Mid Cap Growth	Variable Annuity		139,257
*	TIAA Access Mid Cap Value	Variable Annuity		115,046
*	TIAA Access Real Estate Securities	Variable Annuity		164,814
*	TIAA Access Small Cap Balance Index	Variable Annuity		169,808
*	TIAA Access Quant Small Cap Equity	Variable Annuity		55,878
*	TIAA Access Social Choice Equity	Variable Annuity		1,551,532
*	Fidelity Fidelity Fund	Mutual Fund		62,700
*	Fidelity Puritan	Mutual Fund		320,712
*	Fidelity Trend	Mutual Fund		6,489
*	Fidelity Select Computers	Mutual Fund		160,963
*	Fidelity Select Semiconduct	Mutual Fund		44,604
*	Fidelity Select Cons Staples	Mutual Fund		402
*	Fidelity Government National Mortgage Association	Mutual Fund		156,142
*	Fidelity Magellan	Mutual Fund		309,134
*	Fidelity Contrafund	Mutual Fund		2,875,676
*	Fidelity Equity Income Fund	Mutual Fund		357,483
*	Fidelity Growth Company Fund	Mutual Fund		1,512,725
*	Fidelity Growth and Income Fund	Mutual Fund		125,811
*	Fidelity Select Software	Mutual Fund		86,217
*	Fidelity Intermediate Bond Fund	Mutual Fund		130,643
*				

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Capital and Income Fund	Mutual Fund	\$	164,406
*	Fidelity Value Fund	Mutual Fund		82,550
*	Fidelity Select Gold	Mutual Fund		9,921
*	Fidelity Select Biotech	Mutual Fund		26,858
*	Fidelity Select Retailing	Mutual Fund		277,217
*	Fidelity Government Income Fund	Mutual Fund		24,122
*	Fidelity Cash Reserve Fund	Mutual Fund		283,122
*	Fidelity Select Energy	Mutual Fund		6,756
*	Fidelity Select Leisure	Mutual Fund		3,585
*	Fidelity Select Healthcare	Mutual Fund		56,320
*	Fidelity Select Technology	Mutual Fund		44,318
*	Fidelity Select Utilities	Mutual Fund		3,523
*	Fidelity OTC Portfolio	Mutual Fund		460,217
*	Fidelity Overseas	Mutual Fund		85,745
*	Fidelity Select Telecommunications	Mutual Fund		6,814
*	Fidelity Leveraged Co Stk	Mutual Fund		9,549
*	Fidelity New Millen	Mutual Fund		93,069
*	Fidelity Europe	Mutual Fund		49,548
*	Fidelity Pacific Basin	Mutual Fund		36,966
*	Fidelity Real Estate Investments	Mutual Fund		76,602
*	Fidelity Balanced Fund	Mutual Fund		671,003
*	Fidelity International Discovery	Mutual Fund		529,595
*	Fidelity Capital Appreciation	Mutual Fund		32,756
*	Fidelity Telecommunications & Utilities	Mutual Fund		6,655
*	Fidelity Blue Chip Growth	Mutual Fund		1,760,073
*	Fidelity Asset Manager 50%	Mutual Fund		72,829
*	Fidelity Disciplined Equity	Mutual Fund		838,276
*	Fidelity Low-Priced Stock	Mutual Fund		429,487
*	Fidelity Worldwide	Mutual Fund		82,953
*	Fidelity Equity Dividend Income Fund	Mutual Fund		166,237
*	Fidelity Asset Manager 70%	Mutual Fund		26,961
*	Fidelity Emerging Markets	Mutual Fund		128,550
*	Fidelity Diversified International	Mutual Fund		320,050
*	Fidelity Dividend Growth	Mutual Fund		206,380
*	Fidelity New Markets Inc	Mutual Fund		65,662
*	Fidelity Focused Stock	Mutual Fund		251,300
*	Fidelity International Capital Appreciation	Mutual Fund		8,436
*	Fidelity Stock Select Small Cap	Mutual Fund		61,184
*	Fidelity Mid Cap Stock	Mutual Fund		229,678
*	Fidelity Growth Discovery	Mutual Fund		6,275
*	Fidelity Small Cap Stock	Mutual Fund		1,201
*	Fidelity Asset Manager 85%	Mutual Fund		37,647
*	Fidelity Latin America	Mutual Fund		1,217
*	Fidelity Emerging Asia	Mutual Fund		25,453
*	Fidelity China Region	Mutual Fund		10,274

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Select IT Services	Mutual Fund	\$	242,036
*	Fidelity Sel Med Tech & Dv	Mutual Fund		10,219
*	Fidelity Four in One Index	Mutual Fund		56,162
*	Fidelity Japan Smaller Co	Mutual Fund		72,087
*	Fidelity Mega Cap Stock	Mutual Fund		2,274
*	Fidelity Freedom 2030	Mutual Fund		619,297
*	Fidelity Small Cap Discovery	Mutual Fund		195,243
*	Fidelity Short Term Bond	Mutual Fund		234,622
*	Fidelity High Income	Mutual Fund		72,174
*	Fidelity Government Money Market	Mutual Fund		175,793
*	Fidelity Select Automotive	Mutual Fund		7,022
*	Fidelity Select Comm Serv	Mutual Fund		10,878
*	Fidelity Select Health Care Services	Mutual Fund		6,274
*	Fidelity Select Materials	Mutual Fund		13,979
*	Fidelity Select Constr/House	Mutual Fund		2,992
*	Fidelity Select Transport	Mutual Fund		894
*	Fidelity Select Natural Resources	Mutual Fund		60,215
*	Fidelity Select Industrials	Mutual Fund		9,889
*	Fidelity Select Environment Alternative Energy	Mutual Fund		93,674
*	Fidelity Select Pharmaceutical	Mutual Fund		354
*	Fidelity Large Cap Value	Mutual Fund		153,677
*	Fidelity Freedom 2040	Mutual Fund		626,541
*	Fidelity Mid Cap Value	Mutual Fund		62,008
*	Fidelity Float RT High Income	Mutual Fund		1,364
*	Fidelity Intl Small Cap	Mutual Fund		4,202
*	Fidelity Total Bond	Mutual Fund		835,120
*	Fidelity Value Discovery	Mutual Fund		2,557
*	Fidelity Real Estate Income	Mutual Fund		144,359
*	Fidelity Select Wireless	Mutual Fund		18,325
*	Fidelity Blue Chip Value	Mutual Fund		174,183
*	Fidelity NASDAQ Composite Index	Mutual Fund		157,987
*	Fidelity Freedom 2005	Mutual Fund		12,773
*	Fidelity Freedom 2015	Mutual Fund		9,534
*	Fidelity Freedom 2025	Mutual Fund		1,520,213
*	Fidelity Freedom 2035	Mutual Fund		136,408
*	Fidelity Focused High Income	Mutual Fund		11,331
*	Fidelity Small Cap Growth	Mutual Fund		57,168
*	Fidelity Small Cap value	Mutual Fund		12,924
*	Fidelity Freedom 2045	Mutual Fund		249,238
*	Fidelity Freedom 2050	Mutual Fund		719,695
*	Fidelity Large Cap Core ENH Index	Mutual Fund		6,665
*	Fidelity Large Cap Value ENH Index	Mutual Fund		98,570

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Large Cap Growth ENH Index	Mutual Fund	\$	118,422
*	Fidelity Asset Manager 30%	Mutual Fund		124,846
*	Fidelity Asset Manager 60%	Mutual Fund		5,302
*	Fidelity Total International Equity	Mutual Fund		3,431
*	Fidelity International Growth	Mutual Fund		162,925
*	Fidelity Small Cap Enhanced Index	Mutual Fund		87,892
*	Fidelity Mid Cap Enhanced Index	Mutual Fund		67,063
*	Fidelity Conservative Income Bond	Mutual Fund		267
*	Fidelity US Bond Index	Mutual Fund		376,108
*	Fidelity 500 Index Fund	Mutual Fund		2,362,903
*	Fidelity Freedom 2055 Fund	Mutual Fund		385,149
*	Fidelity Emerging Markets Index Fund	Mutual Fund		61,474
*	Fidelity Global ex U.S. Index Fund	Mutual Fund		182,633
*	Fidelity Mid Cap Index Fund	Mutual Fund		185,106
*	Fidelity Real Estate Index Fund	Mutual Fund		91,243
*	Fidelity Small Cap Index Fund	Mutual Fund		175,906
*	Fidelity Total Market Index Fund	Mutual Fund		901,866
*	Fidelity International Index Fund	Mutual Fund		398,912
*	Fidelity Extended Market Index Fund	Mutual Fund		321,162
*	Fidelity Emerging Markets Discovery Fund	Mutual Fund		1,813
*	Fidelity Stock Selector Mid Cap Fund	Mutual Fund		100,199
*	Fidelity Inflation-Protected Bond Index Fund	Mutual Fund		53,995
*	Fidelity Freedom 2060 Fund	Mutual Fund		328,836
*	Fidelity Government Money Market Fund - Premium Class	Mutual Fund		175,278
*	Fidelity Freedom Index 2020 IPR	Mutual Fund		72,966
*	Fidelity Freedom Index 2025 IPR	Mutual Fund		1,332,557
*	Fidelity Freedom Index 2045 IPR	Mutual Fund		325,005
*	Fidelity Freedom Index 2050 IPR	Mutual Fund		34,298
*	Fidelity Freedom Index 2055 IPR	Mutual Fund		8,304
*	Fidelity Freedom Index 2060 IPR	Mutual Fund		45,251
*	Fidelity US Sustainability Index Fund	Mutual Fund		118,776
*	Fidelity International Sustainability Index Fund	Mutual Fund		30,608
*	Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund		61,557
*	Fidelity Long-Term Treasury Bond Index Fund	Mutual Fund		75,970
*	Fidelity Short-Term Treasury Bond Index Fund	Mutual Fund		53,897
*	Fidelity Strategic Income Fund	Mutual Fund		70,128
*	Fidelity Freedom 2065	Mutual Fund		5,869
	Total Mutual Funds			<u>58,844,209</u>
*	Participant Loans	Loans (4.25%)		<u>18,750</u>
				<u>\$ 58,862,959</u>
*	Party-in-interest as defined by ERISA.			

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA Traditional	Benefit-Responsive Fixed Rate Annuities	\$	1,515,163
*	TIAA Traditional	Non Benefit-Responsive Fixed Rate Annuities		1,196,643
*	TIAA Real Estate	Pooled Separate Account		732,558
*	CREF Stock	Variable Annuity		1,734,911
*	CREF Money Market	Variable Annuity		605,426
*	CREF Social Choice	Variable Annuity		5,027,117
*	CREF Bond Market	Variable Annuity		541,511
*	CREF Global Equities	Variable Annuity		1,625,647
*	CREF Growth	Variable Annuity		1,902,375
*	CREF Equity Index	Variable Annuity		1,784,433
*	CREF Inflation-Linked Bond	Variable Annuity		177,677
*	TIAA Access Lifecycle 2010	Variable Annuity		22,659
*	TIAA Access Lifecycle 2015	Variable Annuity		331,870
*	TIAA Access Lifecycle 2020	Variable Annuity		1,187,050
*	TIAA Access Lifecycle 2025	Variable Annuity		621,969
*	TIAA Access Lifecycle 2030	Variable Annuity		1,088,402
*	TIAA Access Lifecycle 2035	Variable Annuity		365,554
*	TIAA Access Lifecycle 2040	Variable Annuity		2,155,765
*	TIAA Access Lifecycle 2045	Variable Annuity		1,667,737
*	TIAA Access Lifecycle 2050	Variable Annuity		1,451,421
*	TIAA Access Lifecycle 2055	Variable Annuity		243,190
*	TIAA Access Lifecycle 2060	Variable Annuity		392,700
*	TIAA Access Core Bond Plus	Variable Annuity		14,705
*	TIAA Access Equity Index	Variable Annuity		3,610
*	TIAA Access Growth & Income	Variable Annuity		36,914
*	TIAA Access International Equity	Variable Annuity		209,735
*	TIAA Access Large Cap Growth	Variable Annuity		176,318
*	TIAA Access Large Cap Value	Variable Annuity		104,936
*	TIAA Access Mid Cap Growth	Variable Annuity		139,257
*	TIAA Access Mid Cap Value	Variable Annuity		115,046
*	TIAA Access Real Estate Securities	Variable Annuity		164,814
*	TIAA Access Small Cap Balance Index	Variable Annuity		169,808
*	TIAA Access Quant Small Cap Equity	Variable Annuity		55,878
*	TIAA Access Social Choice Equity	Variable Annuity		1,551,532
*	Fidelity Fidelity Fund	Mutual Fund		62,700
*	Fidelity Puritan	Mutual Fund		320,712
*	Fidelity Trend	Mutual Fund		6,489
*	Fidelity Select Computers	Mutual Fund		160,963
*	Fidelity Select Semiconduct	Mutual Fund		44,604
*	Fidelity Select Cons Staples	Mutual Fund		402
*	Fidelity Government National Mortgage Association	Mutual Fund		156,142
*	Fidelity Magellan	Mutual Fund		309,134
*	Fidelity Contrafund	Mutual Fund		2,875,676
*	Fidelity Equity Income Fund	Mutual Fund		357,483
*	Fidelity Growth Company Fund	Mutual Fund		1,512,725
*	Fidelity Growth and Income Fund	Mutual Fund		125,811
*	Fidelity Select Software	Mutual Fund		86,217
*	Fidelity Intermediate Bond Fund	Mutual Fund		130,643
*				

UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

(E.I.N. 04-2535767 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Capital and Income Fund	Mutual Fund	\$	164,406
*	Fidelity Value Fund	Mutual Fund		82,550
*	Fidelity Select Gold	Mutual Fund		9,921
*	Fidelity Select Biotech	Mutual Fund		26,858
*	Fidelity Select Retailing	Mutual Fund		277,217
*	Fidelity Government Income Fund	Mutual Fund		24,122
*	Fidelity Cash Reserve Fund	Mutual Fund		283,122
*	Fidelity Select Energy	Mutual Fund		6,756
*	Fidelity Select Leisure	Mutual Fund		3,585
*	Fidelity Select Healthcare	Mutual Fund		56,320
*	Fidelity Select Technology	Mutual Fund		44,318
*	Fidelity Select Utilities	Mutual Fund		3,523
*	Fidelity OTC Portfolio	Mutual Fund		460,217
*	Fidelity Overseas	Mutual Fund		85,745
*	Fidelity Select Telecommunications	Mutual Fund		6,814
*	Fidelity Leveraged Co Stk	Mutual Fund		9,549
*	Fidelity New Millen	Mutual Fund		93,069
*	Fidelity Europe	Mutual Fund		49,548
*	Fidelity Pacific Basin	Mutual Fund		36,966
*	Fidelity Real Estate Investments	Mutual Fund		76,602
*	Fidelity Balanced Fund	Mutual Fund		671,003
*	Fidelity International Discovery	Mutual Fund		529,595
*	Fidelity Capital Appreciation	Mutual Fund		32,756
*	Fidelity Telecommunications & Utilities	Mutual Fund		6,655
*	Fidelity Blue Chip Growth	Mutual Fund		1,760,073
*	Fidelity Asset Manager 50%	Mutual Fund		72,829
*	Fidelity Disciplined Equity	Mutual Fund		838,276
*	Fidelity Low-Priced Stock	Mutual Fund		429,487
*	Fidelity Worldwide	Mutual Fund		82,953
*	Fidelity Equity Dividend Income Fund	Mutual Fund		166,237
*	Fidelity Asset Manager 70%	Mutual Fund		26,961
*	Fidelity Emerging Markets	Mutual Fund		128,550
*	Fidelity Diversified International	Mutual Fund		320,050
*	Fidelity Dividend Growth	Mutual Fund		206,380
*	Fidelity New Markets Inc	Mutual Fund		65,662
*	Fidelity Focused Stock	Mutual Fund		251,300
*	Fidelity International Capital Appreciation	Mutual Fund		8,436
*	Fidelity Stock Select Small Cap	Mutual Fund		61,184
*	Fidelity Mid Cap Stock	Mutual Fund		229,678
*	Fidelity Growth Discovery	Mutual Fund		6,275
*	Fidelity Small Cap Stock	Mutual Fund		1,201
*	Fidelity Asset Manager 85%	Mutual Fund		37,647
*	Fidelity Latin America	Mutual Fund		1,217
*	Fidelity Emerging Asia	Mutual Fund		25,453
*	Fidelity China Region	Mutual Fund		10,274

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*	Fidelity Select IT Services	Mutual Fund	\$	242,036
*	Fidelity Sel Med Tech & Dv	Mutual Fund		10,219
*	Fidelity Four in One Index	Mutual Fund		56,162
*	Fidelity Japan Smaller Co	Mutual Fund		72,087
*	Fidelity Mega Cap Stock	Mutual Fund		2,274
*	Fidelity Freedom 2030	Mutual Fund		619,297
*	Fidelity Small Cap Discovery	Mutual Fund		195,243
*	Fidelity Short Term Bond	Mutual Fund		234,622
*	Fidelity High Income	Mutual Fund		72,174
*	Fidelity Government Money Market	Mutual Fund		175,793
*	Fidelity Select Automotive	Mutual Fund		7,022
*	Fidelity Select Comm Serv	Mutual Fund		10,878
*	Fidelity Select Health Care Services	Mutual Fund		6,274
*	Fidelity Select Materials	Mutual Fund		13,979
*	Fidelity Select Constr/House	Mutual Fund		2,992
*	Fidelity Select Transport	Mutual Fund		894
*	Fidelity Select Natural Resources	Mutual Fund		60,215
*	Fidelity Select Industrials	Mutual Fund		9,889
*	Fidelity Select Environment Alternative Energy	Mutual Fund		93,674
*	Fidelity Select Pharmaceutical	Mutual Fund		354
*	Fidelity Large Cap Value	Mutual Fund		153,677
*	Fidelity Freedom 2040	Mutual Fund		626,541
*	Fidelity Mid Cap Value	Mutual Fund		62,008
*	Fidelity Float RT High Income	Mutual Fund		1,364
*	Fidelity Intl Small Cap	Mutual Fund		4,202
*	Fidelity Total Bond	Mutual Fund		835,120
*	Fidelity Value Discovery	Mutual Fund		2,557
*	Fidelity Real Estate Income	Mutual Fund		144,359
*	Fidelity Select Wireless	Mutual Fund		18,325
*	Fidelity Blue Chip Value	Mutual Fund		174,183
*	Fidelity NASDAQ Composite Index	Mutual Fund		157,987
*	Fidelity Freedom 2005	Mutual Fund		12,773
*	Fidelity Freedom 2015	Mutual Fund		9,534
*	Fidelity Freedom 2025	Mutual Fund		1,520,213
*	Fidelity Freedom 2035	Mutual Fund		136,408
*	Fidelity Focused High Income	Mutual Fund		11,331
*	Fidelity Small Cap Growth	Mutual Fund		57,168
*	Fidelity Small Cap value	Mutual Fund		12,924
*	Fidelity Freedom 2045	Mutual Fund		249,238
*	Fidelity Freedom 2050	Mutual Fund		719,695
*	Fidelity Large Cap Core ENH Index	Mutual Fund		6,665
*	Fidelity Large Cap Value ENH Index	Mutual Fund		98,570

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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Large Cap Growth ENH Index	Mutual Fund	\$	118,422
*	Fidelity Asset Manager 30%	Mutual Fund		124,846
*	Fidelity Asset Manager 60%	Mutual Fund		5,302
*	Fidelity Total International Equity	Mutual Fund		3,431
*	Fidelity International Growth	Mutual Fund		162,925
*	Fidelity Small Cap Enhanced Index	Mutual Fund		87,892
*	Fidelity Mid Cap Enhanced Index	Mutual Fund		67,063
*	Fidelity Conservative Income Bond	Mutual Fund		267
*	Fidelity US Bond Index	Mutual Fund		376,108
*	Fidelity 500 Index Fund	Mutual Fund		2,362,903
*	Fidelity Freedom 2055 Fund	Mutual Fund		385,149
*	Fidelity Emerging Markets Index Fund	Mutual Fund		61,474
*	Fidelity Global ex U.S. Index Fund	Mutual Fund		182,633
*	Fidelity Mid Cap Index Fund	Mutual Fund		185,106
*	Fidelity Real Estate Index Fund	Mutual Fund		91,243
*	Fidelity Small Cap Index Fund	Mutual Fund		175,906
*	Fidelity Total Market Index Fund	Mutual Fund		901,866
*	Fidelity International Index Fund	Mutual Fund		398,912
*	Fidelity Extended Market Index Fund	Mutual Fund		321,162
*	Fidelity Emerging Markets Discovery Fund	Mutual Fund		1,813
*	Fidelity Stock Selector Mid Cap Fund	Mutual Fund		100,199
*	Fidelity Inflation-Protected Bond Index Fund	Mutual Fund		53,995
*	Fidelity Freedom 2060 Fund	Mutual Fund		328,836
*	Fidelity Government Money Market Fund - Premium Class	Mutual Fund		175,278
*	Fidelity Freedom Index 2020 IPR	Mutual Fund		72,966
*	Fidelity Freedom Index 2025 IPR	Mutual Fund		1,332,557
*	Fidelity Freedom Index 2045 IPR	Mutual Fund		325,005
*	Fidelity Freedom Index 2050 IPR	Mutual Fund		34,298
*	Fidelity Freedom Index 2055 IPR	Mutual Fund		8,304
*	Fidelity Freedom Index 2060 IPR	Mutual Fund		45,251
*	Fidelity US Sustainability Index Fund	Mutual Fund		118,776
*	Fidelity International Sustainability Index Fund	Mutual Fund		30,608
*	Fidelity Intermediate Treasury Bond Index Fund	Mutual Fund		61,557
*	Fidelity Long-Term Treasury Bond Index Fund	Mutual Fund		75,970
*	Fidelity Short-Term Treasury Bond Index Fund	Mutual Fund		53,897
*	Fidelity Strategic Income Fund	Mutual Fund		70,128
*	Fidelity Freedom 2065	Mutual Fund		5,869
	Total Mutual Funds			<u>58,844,209</u>
*	Participant Loans	Loans (4.25%)		<u>18,750</u>
				<u>\$ 58,862,959</u>
*	Party-in-interest as defined by ERISA.			