

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>THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>08/12/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>08/12/1988</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>08/12/1988</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>THE ENDOCRINE SOCIETY</u> <u>2055 L ST NW STE 600</u> <u>WASHINGTON, DC 20036-4988</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) <u>73-0531256</u></td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number <u>202-971-3636</u></td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>73-0531256</u>	2c Plan Sponsor's telephone number <u>202-971-3636</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>73-0531256</u>					
2c Plan Sponsor's telephone number <u>202-971-3636</u>					
2d Business code (see instructions) <u>541700</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	KRISTA KIRK
	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
	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	249
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)	76
a(2) Total number of active participants at the end of the plan year		6a(2)	73
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	180
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	255
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	253
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: 2L 2F 2G 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>1</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 THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE ENDOCRINE SOCIETY	D Employer Identification Number (EIN) 73-0531256	

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	366175	197	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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	4155113
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	16264041

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	4039313
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c	Additions: (1) Contributions deposited during the year	7c(1)	75397	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	137377	
	(4) Transferred from separate account.....	7c(4)	121120	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	333894
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4373207
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e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	124841
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	93253
	(4) Other (specify below)	7e(4)	
	▶		

(5) Total deductions	7e(5)	218094
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4155113
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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)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE ENDOCRINE SOCIETY	D Employer Identification Number (EIN) 73-0531256

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MML INVESTORS SERVICES, LLC

1295 STATE STREET
SPRINGFIELD, MA 01111-0001

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	18000	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 ☐

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
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(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:	RSM US LLP	b EIN:	42-0714325
c Position:	AUDITOR		
d Address:	111 ROUNDABOUT COURT ROCKY MOUNT, NC 27804	e Telephone:	252-446-0731

Explanation: CHANGE IN AUDIT FIRMS.

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 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
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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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ENDOCRINE SOCIETY</u>	D Employer Identification Number (EIN) <u>73-0531256</u>	

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

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

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)	19617	0
(2) Participant contributions.....	1b(2)	25687	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	781191	841365
(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)	19251164	22547538
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4039313	4155113
(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	24116972 27544016
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	24116972 27544016

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)	650164
	(B) Participants	2a(1)(B)	557091
	(C) Others (including rollovers).....	2a(1)(C)	96912
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1304167
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	137377
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	137377
(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)	473365
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	473365
(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)		131927
(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)		2820756
c Other income.....	2c		11236
d Total income. Add all income amounts in column (b) and enter total.....	2d		4878828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1433784	
(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)		1433784
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)		
(2) Contract administrator fees.....	2i(2)	18000	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1451784
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3427044
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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 THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE ENDOCRINE SOCIETY	D Employer Identification Number (EIN) 73-0531256

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): 82-2826183		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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 _____

**THE ENDOCRINE SOCIETY DEFINED
CONTRIBUTION RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020 and
For the Year Ended December 31, 2021



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of The Endocrine Society Defined Contribution Retirement Plan:

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

We have performed an audit of the financial statements of The Endocrine Society Defined Contribution Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL'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 G to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion 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

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 ("GAAS") and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion 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 Matters

Supplemental Schedule Required by ERISA

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

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of the Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by qualified institutions. Their report, dated September 10, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedule, and (b) the form and content of the information included in the financial statements and supplemental schedule other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Bletzen, PLLC

Kingston, NH
October 17, 2022

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Variable annuities	\$ 15,422,676	\$ 14,205,110
Pooled separate account	841,365	781,191
General accounts (Non-FBRIC)	3,261,109	3,103,690
Mutual funds	<u>7,124,862</u>	<u>5,046,054</u>
Total investments at fair value	26,650,012	23,136,045
Investments, at contract value:		
Guaranteed insurance contracts	<u>894,004</u>	<u>935,623</u>
Total investments	27,544,016	24,071,668
Receivables:		
Participant contributions	-	25,687
Employer contributions	<u>-</u>	<u>19,617</u>
Total receivables	<u>-</u>	<u>45,304</u>
Net assets available for benefits	<u>\$ 27,544,016</u>	<u>\$ 24,116,972</u>

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

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2021

	<u>2021</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 2,951,229
Dividends and interest income	<u>623,432</u>
	3,574,661
Contributions:	
Employer contributions	650,164
Participant contributions	557,091
Rollover contributions	<u>96,912</u>
	<u>1,304,167</u>
Total additions	4,878,828
Deductions:	
Benefits paid to participants	1,433,784
Administrative expenses	<u>18,000</u>
Total deductions	<u>1,451,784</u>
Net increase	3,427,044
Net assets available for benefits:	
Beginning of year	<u>24,116,972</u>
End of year	<u>\$ 27,544,016</u>

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

The following description of The Endocrine Society Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of The Endocrine Society (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Upon meeting eligibility requirements participants may contribute up to 100% of their plan compensation on a pre-tax or after-tax Roth basis, subject to Internal Revenue Code ("IRC") limitations. Participants who are at least 50 may make an additional "catch up" contribution subject to IRC limitations. Participants may also contribute funds from another qualified plan ("rollover contributions"), subject to certain requirements.

Employees who have attained age 21, completed one year of service, and contribute at least 2.5% of their compensation to the plan will receive a Company contribution equal to 10% of their compensation.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is equal to the value of the participant's vested interest in their account.

Vesting

Participants are fully vested in that portion of their account which represents their contributions, Company contributions prior to January 1, 2021, and the income earned thereon. Participants become 100% vested in the Company's contributions and earnings thereon upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, a participant's interest in the Company's contributions and earnings thereon vests according to the following schedule:

<u>Completed Years of Service</u>	<u>Percent Vested</u>
2 years	30%
3 years	60%
4 years	100%

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account represents a forfeiture, as defined by the Plan. Forfeited balances are first used to restore re-employed participants' accounts. Any remaining forfeitures may be used to pay plan expenses or to reduce company contributions. During 2021, no forfeitures were used. Unallocated forfeitures at December 31, 2021 and 2020 were \$0.

Unallocated Assets

The Plan holds assets in an revenue credit account which receives deposits as a result of a revenue sharing agreement with TIAA and CREF. During 2021, deposits to the account totaled \$11,236, which is included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are used to pay qualified plan expenses including investment management fees, trustee fees, audit fees, and legal fees. During 2021, \$18,000 was used to pay plan expenses. Unallocated assets were \$4,747 and \$11,511 at December 31, 2021 and 2020, respectively.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Distributions under the Plan may be made in lump sums, annuities, ad-hoc, or installment payments.

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

Plan Loans

A participant with retirement assets at Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") (together "TIAA-CREF") may borrow against their account balance accumulated from participant contributions in an aggregate amount up to the lesser of \$50,000 or 50% of their vested account balance, subject to plan limitations, directly from TIAA-CREF. The minimum loan amount is \$1,000. Loans must bear a reasonable rate of interest. An amount equal to 110% of the loan must be transferred to the TIAA Traditional Annuity in the participant's account to serve as collateral for such loans. TIAA uses funds from its general accounts to make loans directly to participants. A promissory note is executed by the participant. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. In the event a loan is defaulted on, the outstanding loan balance and any accrued interest will be deducted from the participant's TIAA Traditional Annuity account. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distributable event occurs. As of December 31, 2021 and 2020, \$17,664 and \$37,837, respectively, of the TIAA Traditional Annuity was pledged as collateral for loans to participants from TIAA-CREF. Interest rates of loans outstanding at December 31, 2021 ranged from 4.00%-6.73%.

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

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

Disclaimer of Opinion

The Plan was established in 1988 and was historically viewed as an amalgamation of individual annuity and custodial accounts, and the Plan Administrator and its service providers did not maintain financial information at the Plan level. Because historical records were not maintained or are not available at the Plan level, the Plan may have excluded from the accompanying statement of net assets available for benefits certain annuity and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. In recognition of these recordkeeping matters, the Department of Labor released Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans (FAB 2009-02), as transitional relief, to address situations where the Plan's management is not able to obtain historical records. If FAB 2009-02 is implemented, the DOL has indicated that they will not reject Form 5500 where contracts are excluded as long as certain conditions are met. Further, FAB 2009-02 suggests that plan administrators make good faith efforts to include known contracts. While the Plan Administrator has, in good faith, included all known contracts, because of certain incomplete records, there is uncertainty that all contracts have been included. However, the Plan Administrator believes that excluded annuities or custodial accounts, if any, will meet the conditions of FAB 2009-02. As discussed in Note G, the Plan has received certified statements of completeness and accuracy from the Plan's service providers as of and for the years ended December 31, 2021 and 2020.

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Expenses of the Plan

Substantially all of the administrative expenses incurred by the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS:

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

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

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

<u>Description</u>	2021			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 7,124,862	\$ 7,124,862	\$ -	\$ -
General accounts (Non-FBRIC)	<u>3,261,109</u>	<u>-</u>	<u>-</u>	<u>3,261,109</u>
Total investments in the fair value hierarchy	10,385,971	<u>\$ 7,124,862</u>	<u>\$ -</u>	<u>\$ 3,261,109</u>
Investments measured at net asset value(1):				
Pooled separate account	841,365			
Variable annuity contracts	<u>15,422,676</u>			
Total investments at fair value	<u>\$ 26,650,012</u>			

<u>Description</u>	2020			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 5,046,054	\$ 5,046,054	\$ -	\$ -
General accounts (Non-FBRIC)	<u>3,103,690</u>	<u>-</u>	<u>-</u>	<u>3,103,690</u>
Total investments in the fair value hierarchy	8,149,744	<u>\$ 5,046,054</u>	<u>\$ -</u>	<u>\$ 3,103,690</u>
Investments measured at net asset value(1):				
Pooled separate account	781,191			
Variable annuity contracts	<u>14,205,110</u>			
Total investments at fair value	<u>\$ 23,136,045</u>			

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

Variable annuity contracts – This category consists of accounts managed by VOYA which invest principally in equity securities, fixed-income instruments and short-term investments. The fair values of each account in this category are determined daily using the net asset value per share of the investments. There are no unfunded commitments. There are no restrictions on redemptions of these investments for participant initiated transactions. Participant and plan level withdrawals of the variable annuities may be delayed up to six months and may be subject to a surrender charge of up to 5%.

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

	2021	2020
Investments measured		
at net asset value (non-DFE's):		
Variable annuity contracts:		
Bond (a)	\$ 674,070	\$ 729,080
Equity (b)	2,554,398	2,095,987
Growth and income (c)	71,178	108,170
International equity (d)	149,511	185,570
Income (e)	6,570	6,182
Growth (f)	3,854,901	3,267,550
Value (g)	246,341	264,363
Target date (h)	971,863	1,020,862
Real estate (i)	58,167	60,614
Blend (j)	28,794	52,288
Social choice equity (k)	60,727	55,007
Stock (l)	4,202,660	3,729,535
Money market (m)	605,307	769,775
Social choice (n)	352,394	316,801
Global equity (o)	1,420,503	1,332,277
Inflation (p)	165,292	211,049
Total variable annuity contracts	<u>\$ 15,422,676</u>	<u>\$ 14,205,110</u>

- (a) Bond variable annuities seek a favorable long-term rate of return, primarily through high current income consistent with preserving capital by investing primarily in fixed-income securities.
- (b) Equity variable annuities seek a favorable long-term rate of return by investing primarily in U.S. stocks.
- (c) Growth and income variable annuities seek a favorable long-term total return, through both capital appreciation and investment income, by investing primarily in income-producing equity securities.

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

- (d) International equity variable annuities seek a favorable long-term total return, mainly through capital appreciation, by investing primarily in equity securities of foreign issuers.
- (e) Income variable annuities seek high total return over time primarily through income, with a secondary emphasis on capital appreciation, by investing primarily in equity, fixed income, and direct real estate funds.
- (f) Growth variable annuities seek a favorable long-term rate of return, mainly through capital appreciation, by investing primarily in common stocks that present the opportunity for exceptional growth.
- (g) Value variable annuities seek a favorable long-term total return, mainly through capital appreciation, by investing primarily in equity securities that are believed to be undervalued.
- (h) Target date variable annuities seek high total return over time through a combination of capital appreciation and income by investing in a portfolio designed with a target retirement date in mind.
- (i) Real estate variable annuities seek a favorable long-term total return through both capital appreciation and current income, by investing primarily in equity securities of companies principally engaged in or related to the real estate industry.
- (j) Blend variable annuities seek a favorable long-term total return, mainly through capital appreciation, by investing primarily in a portfolio of equity securities in domestic companies.
- (k) Social choice equity variable annuities seek a favorable long-term total return that reflects the investment performance of overall U.S. stock market while giving special consideration to certain environmental, social, and governance criteria.
- (l) Stock variable annuities seek a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (m) Money market variable annuities see high current income consistent with maintaining liquidity and preserving capital by investing primarily in cash, U.S. government securities and/or repurchase agreements that are collateralized fully by cash, or U.S. government securities.
- (n) Social choice variable annuities seek a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to social criteria. They invest primarily in domestic and foreign stocks and other equity securities and bonds and other fixed-income securities.
- (o) Global equity variable annuities seek a favorable long-term rate of return through capital appreciation and income by investing primarily in foreign and domestic common stocks.
- (p) Inflation variable annuities seek a long-term rate of return that outpaces inflation by investing primarily in inflation-indexed bonds.

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

Participant accumulations are available for pre-retirement withdrawal in 10 annual installments upon separation of service under an RA contract. The minimum crediting interest rates are contractually guaranteed to be not less than 3 percent for the RA.

Participant accumulations are available for pre-retirement withdrawal in 84 monthly installments. Lump sum withdrawals are available only within 120 days after termination of employment are subject to a 2.5% surrender charge. The minimum crediting interest rates are contractually guaranteed to be between 1 and 3 percent redetermined on an annual basis on January 1st for the RC.

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

<u>Instrument</u>	2021			
	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Input(s)</u>	<u>Range of Significant Input Values</u>
TIAA Traditional - RA (non-benefit responsive)	\$ 2,910,969	Discounted Cash Flow	Discount Rate Crediting Interest Rate Duration Payout Date Payout Percentage	2.06%-3.19% 3.00% 9 years 12/31/21-12/31/30 10%-100%
TIAA Traditional - RC (non-benefit responsive)	\$ 350,140	Discounted Cash Flow	Discount Rate Crediting Interest Rate Duration Payout Date Payout Percentage	2.06%-3.11% 1.00%-3.00% 84 months (7 years) 12/31/21-12/31/28 100%

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Instrument	2020			
	Fair Value	Principal Valuation Technique	Unobservable Input(s)	Range of Significant Input Values
TIAA	\$ 2,829,794	Discounted Cash Flow	Discount Rate	2.51%-3.34%
Traditional - RA			Crediting Interest Rate	3.00%
(non-benefit responsive)			Duration	9 years
			Payout Date	12/31/20-12/31/29
			Payout Percentage	10%-100%
TIAA	\$ 273,896	Discounted Cash Flow	Discount Rate	2.51%-3.06%
Traditional - RC			Crediting Interest Rate	1.00%-3.00%
(non-benefit responsive)			Duration	84 months (7 years)
			Payout Date	12/31/20-12/31/27
			Payout Percentage	100%

Purchases and sales of the Plan's level 3 investments during the year ending December 31, 2021 were \$55,245 and \$92,938, respectively. There were no transfers into or out of level 3 investments during the year.

D. INVESTMENT CONTRACT WITH INSURANCE COMPANY:

The Plan has investments in fully benefit-responsive traditional investment contracts as follows:

	2021	2020
Insurance Contract - TIAA Traditional Annuity - FBRIC	\$ 820,504	\$ 853,704
Insurance Contract - TIAA Stable Value - FBRIC	<u>73,500</u>	<u>81,919</u>
Total investments at contract value	<u>\$ 894,004</u>	<u>\$ 935,623</u>

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

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

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

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

E. PARTIES-IN-INTEREST:

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

F. TAX STATUS:

The Plan adopted a volume submitter plan document. The Internal Revenue Service ("IRS") has determined in its determination letter dated April 11, 2008, that the volume submitter and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has since been amended, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

G. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2021 and 2020, net appreciation in fair value of investments, and interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF and TIAA and CREF on behalf of TIAA, FSB, the custodians of the Plan.

H. RISKS AND UNCERTAINTIES:

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

I. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through October 17, 2022, the date these financial statements were available for issuance

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN: 73-0531256

Plan Number: 004

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Investments at fair value:</u>			
*	TIAA Traditional Non Benefit Responsive Account	Insurance contract	**	\$ 2,910,969
*	TIAA Traditional Non Benefit Responsive Account 2	"	**	350,140
	Total insurance contracts			3,261,109
*	CREF Stock Account R1	Variable annuity contract	**	4,202,660
*	CREF Money Market Account R1	"	**	597,001
*	CREF Social Choice Account R1	"	**	352,394
*	CREF Bond Market Account R1	"	**	629,485
*	CREF Global Equities Account R1	"	**	1,420,503
*	CREF Growth Account R1	"	**	3,778,683
*	CREF Equity Index Account R1	"	**	2,467,069
*	CREF Inflation-Linked Bond Account R1	"	**	156,082
*	TIAA-CREF Core Plus Bond Fund T4	"	**	23,074
*	TIAA-CREF Core Bond Fund T4	"	**	21,511
*	TIAA-CREF Equity Index T4	"	**	7,511
*	TIAA-CREF Growth & Income Fund T4	"	**	71,178
*	TIAA-CREF Inflation-Linked Bond Fund T4	"	**	9,210
*	TIAA-CREF International Equity Fund T4	"	**	149,511
*	TIAA-CREF Lifecycle Index Retirement Income Fund T4	"	**	6,570
*	TIAA-CREF Large-Cap Growth Fund T4	"	**	64,516
*	TIAA-CREF Large-Cap Value Fund T4	"	**	174,676
*	TIAA-CREF Lifecycle 2010 Fund T4	"	**	1,893
*	TIAA-CREF Lifecycle 2015 Fund T4	"	**	24,674
*	TIAA-CREF Lifecycle 2020 Fund T4	"	**	99,310
*	TIAA-CREF Lifecycle 2025 Fund T4	"	**	237,444
*	TIAA-CREF Lifecycle 2030 Fund T4	"	**	161,562
*	TIAA-CREF Lifecycle 2035 Fund T4	"	**	35,136
*	TIAA-CREF Lifecycle 2040 Fund T4	"	**	39,017
*	TIAA-CREF Lifecycle 2045 Fund T4	"	**	186,770
*	TIAA-CREF Lifecycle 2050 Fund T4	"	**	186,057
*	TIAA-CREF Mid-Cap Growth Fund T4	"	**	11,702
*	TIAA-CREF Mid-Cap Value Fund T4	"	**	71,665
*	TIAA-CREF Money Market Fund T4	"	**	8,306
*	TIAA-CREF Real Estate Securities Fund T4	"	**	58,167
*	TIAA-CREF Small-Cap Blend Index Fund T4	"	**	28,794
*	TIAA-CREF Quant Small-Cap Equity Fund T4	"	**	79,818
*	TIAA-CREF Social Choice Equity Fund T4	"	**	60,727
	Total variable annuities			15,422,676
*	TIAA Real Estate	Pooled separate account	**	841,365
*	TIAA-CREF Lifecycle 2015 Fund Institutional	Mutual fund	**	55,909
*	TIAA-CREF Lifecycle 2020 Fund Institutional	"	**	30,363
*	TIAA-CREF Lifecycle 2025 Fund Institutional	"	**	165,512
*	TIAA-CREF Lifecycle 2030 Fund Institutional	"	**	594,410
*	TIAA-CREF Lifecycle 2035 Fund Institutional	"	**	398,012

THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN

EIN: 73-0531256

Plan Number: 004

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	TIAA-CREF Lifecycle 2040 Fund Institutional	"	**	189,488
*	TIAA-CREF Lifecycle 2045 Fund Institutional	"	**	460,474
*	TIAA-CREF Lifecycle 2050 Fund Institutional	"	**	746,487
*	TIAA-CREF Lifecycle 2055 Fund Institutional	"	**	236,544
*	TIAA-CREF Money Market Fund Institutional	"	**	257,504
*	TIAA-CREF Real Estate Securities Fund Institutional	"	**	205,596
*	TIAA-CREF S&P 500 Index Fund Institutional	"	**	1,168,984
*	TIAA-CREF Small Cap Blend Index Fund Institutional	"	**	143,236
*	TIAA-CREF Quant Small Cap Equity Fund Institutional	"	**	14,891
	American Funds EuroPacific Growth Fund	"	**	36,395
	American Funds The Growth of America Fund	"	**	604,611
	DFA Global Equity Portfolio Institutional Class	"	**	372,800
	Vanguard Equity-Income Fund	"	**	228,618
	Vanguard Mid-Cap Index Fund	"	**	145,518
*	TIAA-CREF Lifecycle 2060 Fund Institutional	"	**	59,408
	The Hartford MidCap Fund	"	**	25,029
	Western Asset Core Bond Fund	"	**	390,623
	MFS Mid Cap Value Fund	"	**	79,224
	Northern Small Cap Value Fund	"	**	22,477
	JPMorgan U.S. Equity Fund	"	**	290,826
	American Funds Inflation Linked Bond Fund	"	**	99,716
	Parnassus Core Equity Fund	"	**	20,841
*	TIAA-CREF Emerging Markets Equity Index Fund	"	**	81,366
	Total mutual funds			<u>7,124,862</u>
	Total investments at fair value			26,650,012
	<u>Investments at contract value:</u>			
*	TIAA Traditional Benefit Responsive	Insurance contract	**	820,504
*	TIAA Traditional Benefit Responsive 2	"	**	73,500
	Total insurance contracts			<u>894,004</u>
	Total investments			<u>\$ 27,544,016</u>

** Cost omitted for participant directed investments.

* Indicates party-in-interest to the Plan.



Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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 THE ENDOCRINE SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN
	1b Three-digit plan number (PN) ▶ <u>004</u>
	1c Effective date of plan <u>08/12/1988</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) THE ENDOCRINE SOCIETY 2055 L ST NW STE 600 WASHINGTON DC 20036-4988
	2b Employer Identification Number (EIN) <u>73-0531256</u>
	2c Plan Sponsor's telephone number <u>202-971-3636</u>
	2d Business code (see instructions) <u>541700</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	<i>Krista Kirk</i>	10/14/2022	Krista Kirk
	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. 201209

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	5 249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 76 6a(2) 73 6b 0 6c 180 6d 253 6e 2 6f 255 6g 253 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: 2L 2F 2G 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>1</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 _____

Name of Plan:

Plan number:► 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		\$ 36,395.33
*	College Retirement Equities Fund variable annuities	American Funds Infl Link Bd R6		\$ 99,715.79
*	College Retirement Equities Fund variable annuities	American Growth of America R6		\$ 604,611.39
*	College Retirement Equities Fund variable annuities	CREF Bond Market R1		\$ 629,484.73
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 2,467,068.67
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 1,420,502.96
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 3,778,682.85
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 156,082.04
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 597,001.18
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 352,394.17
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 4,202,659.99
	College Retirement Equities Fund variable annuities	DFA GLOBAL EQUITY I		\$ 372,799.99
	College Retirement Equities Fund variable annuities	JPMorgan US Equity R6		\$ 290,826.16
	College Retirement Equities Fund variable annuities	MFS Mid Cap Value Class R6		\$ 79,224.54
	College Retirement Equities Fund variable annuities	Northern Small Cap Value Fund		\$ 22,476.61
	College Retirement Equities Fund variable annuities	Parnassus Core Equity Inst		\$ 20,841.07
	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$ 431.28
	College Retirement Equities Fund variable annuities	The Hartford Mid Cap Fund R6		\$ 25,028.61
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4		\$ 23,073.57
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond T4		\$ 21,511.15
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T4		\$ 7,511.15
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T4		\$ 71,178.13
*	College Retirement Equities Fund variable annuities	TIAA Access Infl-Linkd Bond T4		\$ 9,210.25
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4		\$ 149,510.67
*	College Retirement Equities Fund variable annuities	TIAA Access Lcflc Rtmnt Inc T4		\$ 6,570.11
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T4		\$ 64,515.86
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4		\$ 174,676.23
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2010 T4		\$ 1,893.15
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2015 T4		\$ 24,673.91
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T4		\$ 99,309.52
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T4		\$ 237,443.72
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4		\$ 161,561.71
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T4		\$ 35,136.17
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2040 T4		\$ 39,017.12
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4		\$ 186,769.88
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T4		\$ 186,056.94
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4		\$ 11,701.67
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4		\$ 71,665.48
*	College Retirement Equities Fund variable annuities	TIAA Access Money Market T4		\$ 8,306.33
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T4		\$ 79,817.64
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4		\$ 58,167.11
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap Bl Idx T4		\$ 28,794.20
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T4		\$ 60,727.32
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 841,365.05
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 820,073.03
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 73,499.78
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 2,910,968.91
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 350,140.12
*	College Retirement Equities Fund variable annuities	TIAA-CREF Emrg Mkt Eq Idx-Inst		\$ 81,366.20
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2015-Inst		\$ 55,908.77
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2020-Inst		\$ 30,362.93
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2025-Inst		\$ 165,511.82
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2030-Inst		\$ 594,410.13
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2035-Inst		\$ 398,011.63
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2040-Inst		\$ 189,487.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2045-Inst		\$ 460,473.86
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2050-Inst		\$ 746,487.17
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2055-Inst		\$ 236,543.76
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2060-Inst		\$ 59,407.92
*	College Retirement Equities Fund variable annuities	TIAA-CREF Money Market-Inst		\$ 257,503.86
*	College Retirement Equities Fund variable annuities	TIAA-CREF Qt Sml Cap Eq Inst		\$ 14,891.08
*	College Retirement Equities Fund variable annuities	TIAA-CREF Real Est Secs-Inst		\$ 205,595.83
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Inst		\$ 1,168,984.25
*	College Retirement Equities Fund variable annuities	TIAA-CREF Sm-Cap Bl Idx-Inst		\$ 143,236.46
	College Retirement Equities Fund variable annuities	Vanguard Equity Income Inv		\$ 228,618.37
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		\$ 145,518.52
	College Retirement Equities Fund variable annuities	Western Asset Core Bond IS		\$ 390,623.07
	Total			\$ 27,544,016

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

Name of Plan:

► The Endocrine Society Defined Contribution Retirement Plan

Employer Identification Number: ► 73-0531256

For plan year (beginning/ending): ► 1/1/2021 to 12/31/2021

Plan number: ► 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		\$ 36,395.33
*	College Retirement Equities Fund variable annuities	American Funds Infl Link Bd R6		\$ 99,715.79
*	College Retirement Equities Fund variable annuities	American Growth of America R6		\$ 604,611.39
*	College Retirement Equities Fund variable annuities	CREF Bond Market R1		\$ 629,484.73
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 2,467,068.67
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 1,420,502.96
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 3,778,682.85
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 156,082.04
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 597,001.18
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 352,394.17
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 4,202,659.99
	College Retirement Equities Fund variable annuities	DFA GLOBAL EQUITY I		\$ 372,799.99
	College Retirement Equities Fund variable annuities	JPMorgan US Equity R6		\$ 290,826.16
	College Retirement Equities Fund variable annuities	MFS Mid Cap Value Class R6		\$ 79,224.54
	College Retirement Equities Fund variable annuities	Northern Small Cap Value Fund		\$ 22,476.61
	College Retirement Equities Fund variable annuities	Parnassus Core Equity Inst		\$ 20,841.07
	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$ 431.28
	College Retirement Equities Fund variable annuities	The Hartford Mid Cap Fund R6		\$ 25,028.61
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4		\$ 23,073.57
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond T4		\$ 21,511.15
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T4		\$ 7,511.15
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T4		\$ 71,178.13
*	College Retirement Equities Fund variable annuities	TIAA Access Infl-Lnkd Bond T4		\$ 9,210.25
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4		\$ 149,510.67
*	College Retirement Equities Fund variable annuities	TIAA Access Lfcyle Rtmt Inc T4		\$ 6,570.11
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T4		\$ 64,515.86
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4		\$ 174,676.23
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2010 T4		\$ 1,893.15
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2015 T4		\$ 24,673.91
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T4		\$ 99,309.52
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T4		\$ 237,443.72
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4		\$ 161,561.71
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T4		\$ 35,136.17
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2040 T4		\$ 39,017.12
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4		\$ 186,769.88
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T4		\$ 186,056.94
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4		\$ 11,701.67
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4		\$ 71,665.48
*	College Retirement Equities Fund variable annuities	TIAA Access Money Market T4		\$ 8,306.33
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T4		\$ 79,817.64
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4		\$ 58,167.11
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap BI Idx T4		\$ 28,794.20
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T4		\$ 60,727.32
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 841,365.05
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 820,073.03
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 73,499.78
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 2,910,968.91
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 350,140.12
*	College Retirement Equities Fund variable annuities	TIAA-CREF Emrg Mkt Eq Idx-Inst		\$ 81,366.20
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2015-Inst		\$ 55,908.77
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2020-Inst		\$ 30,362.93
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2025-Inst		\$ 165,511.82
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2030-Inst		\$ 594,410.13
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2035-Inst		\$ 398,011.63
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2040-Inst		\$ 189,487.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2045-Inst		\$ 460,473.86
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2050-Inst		\$ 746,487.17
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2055-Inst		\$ 236,543.76
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2060-Inst		\$ 59,407.92
*	College Retirement Equities Fund variable annuities	TIAA-CREF Money Market-Inst		\$ 257,503.86
*	College Retirement Equities Fund variable annuities	TIAA-CREF Qt Sml Cap Eq Inst		\$ 14,891.08
*	College Retirement Equities Fund variable annuities	TIAA-CREF Real Est Secs-Inst		\$ 205,595.83
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Inst		\$ 1,168,984.25
*	College Retirement Equities Fund variable annuities	TIAA-CREF Sm-Cap BI Idx-Inst		\$ 143,236.46
	College Retirement Equities Fund variable annuities	Vanguard Equity Income Inv		\$ 228,618.37
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		\$ 145,518.52
	College Retirement Equities Fund variable annuities	Western Asset Core Bond IS		\$ 390,623.07
	Total			\$ 27,544,016