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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                               |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                |  |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information |  |                                                                                                                                                                                                       |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                                                                                                                    | GUIDE DOGS FOR THE BLIND, INC. 403(B) PLAN                     |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                |  | <b>1c</b> Effective date of plan <u>01/01/1995</u>                                                                                                                                                    |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GUIDE DOGS FOR THE BLIND, INC.<br><br><br>350 LOS RANCHITOS ROAD<br>SAN RAFAEL, CA 94903 |                                                                |  | <b>2b</b> Employer Identification Number (EIN) <u>94-1196195</u><br><br><b>2c</b> Plan Sponsor's telephone number <u>415-499-4000</u><br><br><b>2d</b> Business code (see instructions) <u>611000</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<br>HERE | Filed with authorized/valid electronic signature. | 06/29/2023 | SHERI DACQUISTO                                              |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 06/29/2023 | SHERI DACQUISTO                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5</b> 423                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 309<br><b>6a(2)</b> 322<br><b>6b</b> 2<br><b>6c</b> 111<br><b>6d</b> 435<br><b>6e</b> 1<br><b>6f</b> 436<br><b>6g</b> 419<br><b>6h</b> 13                                                                                                                                                                                                                                                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2M 2R 2S 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>GUIDE DOGS FOR THE BLIND, INC. 403(B) PLAN                               | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUIDE DOGS FOR THE BLIND, INC.   | D Employer Identification Number (EIN)<br>94-1196195 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| THE VANGUARD GROUP, INC.                                                                                   |
| 23-1945930                                                                                                 |

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

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

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**(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

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**(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

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**(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

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

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

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

VANGUARD ADVISERS INC.

23-2811930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | NONE                                                                                              | 28204                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 19<br>37 52      | NONE                                                                                              | 8670                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| THE VANGUARD GROUP, INC.                                | 99                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGG MASON<br><br>13-4004043                                        | 15 BPS                                                                                                                                                                   |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| THE VANGUARD GROUP, INC.                                | 99                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX<br><br>94-1441976                                       | 10 BPS                                                                                                                                                                   |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| THE VANGUARD GROUP, INC.                                | 99                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX<br><br>94-1441976                                       | 8 BPS                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b style="font-size: 1.2em;">SCHEDULE H</b><br><b style="font-size: 1.1em;">(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b style="font-size: 1.2em;">Financial Information</b><br><br><small>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).</small><br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b style="font-size: 1.2em;">2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
| <b>A</b> Name of plan<br><span style="color: blue;">GUIDE DOGS FOR THE BLIND, INC. 403(B) PLAN</span>                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                                                            | <span style="color: blue; font-weight: bold;">002</span>                                                                           |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">GUIDE DOGS FOR THE BLIND, INC.</span>                                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">94-1196195</span>                                                                                                                                                                                                                         |                                                                                                                                    |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                       |                 |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                            |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                         |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                      |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                         |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                         |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         | 135156                | 95518           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                         |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                        |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                        |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        | 62728335              | 50226981        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 62863491              | 50322499        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 62863491 | 50322499 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 853377     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2162266    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 80752      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3096395   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 6045       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 6045      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1360219    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1360219   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            |           |
| (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) |            | -11508248 |
| c Other income .....                                                                            | 2c     |            | 388       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -7045201  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 5459167    |           |
| (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)  |            | 5459167   |
| 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)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 36624      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 36624     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 5495791   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -12540992 |
| 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: **ARMANINO LLP**

(2) EIN: **94-6214841**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>GUIDE DOGS FOR THE BLIND, INC. 403(B) PLAN                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUIDE DOGS FOR THE BLIND, INC.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>94-1196195                                            |
| 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                                                                                               |
| 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):<br><br>EIN(s): 23-2186884                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

## **Guide Dogs for the Blind, Inc. 403(b) Plan**

Financial Statements  
and Supplemental Schedule

December 31, 2022 and 2021  
and For the Year Ended December 31, 2022



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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Guide Dogs for the Blind, Inc. 403(b) Plan  
San Rafael, California

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

We have performed audits of the accompanying financial statements of Guide Dogs for the Blind, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guide Dogs for the Blind, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guide Dogs for the Blind, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guide Dogs for the Blind, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (the "supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Armanino LLP*

Armanino<sup>LLP</sup>  
Dallas, Texas

June 19, 2023

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statements of Net Assets Available for Benefits  
December 31, 2022 and 2021

|                                    | <u>2022</u>          | <u>2021</u>          |
|------------------------------------|----------------------|----------------------|
| ASSETS                             |                      |                      |
| Investments, at fair value         | \$ 50,226,981        | \$ 62,728,335        |
| Receivables                        |                      |                      |
| Participant contributions          | 72,196               | 66,506               |
| Employer contributions             | 31,824               | 29,365               |
| Notes receivable from participants | <u>95,518</u>        | <u>135,156</u>       |
| Total receivables                  | <u>199,538</u>       | <u>231,027</u>       |
| Net assets available for benefits  | <u>\$ 50,426,519</u> | <u>\$ 62,959,362</u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2022

|                                                              |                             |
|--------------------------------------------------------------|-----------------------------|
| Additions to net assets                                      |                             |
| Contributions                                                |                             |
| Participant                                                  | \$ 2,167,958                |
| Employer                                                     | 855,836                     |
| Rollovers                                                    | <u>80,752</u>               |
| Total contributions                                          | <u>3,104,546</u>            |
| Investment income (loss)                                     |                             |
| Interest and dividends                                       | 1,360,219                   |
| Net depreciation in fair value of investments                | <u>(11,507,860)</u>         |
| Net investment loss                                          | <u>(10,147,641)</u>         |
| Interest income on notes receivable from participants        | <u>6,045</u>                |
| Total additions to net assets, including net investment loss | <u>(7,037,050)</u>          |
| Deductions from net assets                                   |                             |
| Benefits paid to participants                                | 5,459,167                   |
| Administrative expenses                                      | <u>36,626</u>               |
| Total deductions from net assets                             | <u>5,495,793</u>            |
| Net decrease in net assets available for benefits            | (12,532,843)                |
| Net assets available for benefits, beginning of year         | <u>62,959,362</u>           |
| Net assets available for benefits, end of year               | <u><u>\$ 50,426,519</u></u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following description of Guide Dogs for the Blind, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Guide Dogs for the Blind, Inc. (the "Organization", "Employer", or "Plan Sponsor") pursuant to Section 403(b) and related provisions of the Internal Revenue Code (IRC), was established September 1, 1995 and restated effective January 1, 2010. The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination of employment, or financial hardship. The Plan covers all eligible employees of the Employer upon employment, as defined by the Plan. It is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. SECURE 2.0 contains multiple provisions that may impact the Plan's governing document. The effective dates for these provisions vary from January 1, 2023 to December 31, 2032. It is at least reasonably possible that this matter will impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated by management at this time. The Organization has until December 31, 2025 to amend the Plan for the changes related to SECURE 2.0.

Plan administration

The Organization is the administrator of the Plan, and as such, carries out the duties imposed by ERISA and the IRC. The Organization has delegated certain functions related to Plan operations and administration, including custodial and recordkeeping services, to Vanguard Fiduciary Trust Company ("Vanguard" or "Custodian").

Eligibility

All employees of the Organization, except employees who are normally scheduled to work less than 20 hours a week and non-resident aliens, are immediately eligible to participate in the Plan. Eligible employees are eligible to receive Employer contributions after three months of credited service.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Contributions

Participants may elect to contribute through payroll deductions amounts up to 100% of their annual compensation as defined in the Plan, on a pre-tax basis or on an after-tax basis as Roth contributions, up to a maximum allowed by the IRC. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions up to the IRC limits. Participants are allowed to rollover contributions from other qualified retirement plans, as defined in the plan document. Participants direct the investment of all their contributions into various investment options offered by the Plan.

The Organization will automatically enroll an employee with a deferral rate of 3% unless the employee makes an affirmative election not to participate or makes an alternative election to defer compensation. The Plan has an automatic escalation provision for all participants, who on the automatic deferral escalation date, have a deferral rate less than 6%. Participants who do not have a contrary election, will have an automatic 1% increase in deferral, every August 1 of the Plan year, up to a maximum of 6% deferral rate.

The Organization may make discretionary matching and profit sharing contributions. During 2022, the Organization contributed a discretionary match of 100% of the participant's deferrals, not to exceed 4% of the participant's eligible compensation. During 2022, the Organization did not make discretionary profit sharing contributions to the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of Employer contributions and Plan earnings, and charged with the participant's distributions, an allocation of investment losses and administrative expenses not paid directly by the Organization. Allocations of investments earnings are based strictly on the participant's selection of investments and timing of purchase. Other allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Vesting (continued)

Vesting for discretionary Employer matching and profit sharing contributions are as follows:

| <u>Years of Service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| Less than 1             | 0 %               |
| 1                       | 20 %              |
| 2                       | 50 %              |
| 3                       | 80 %              |
| 4                       | 100 %             |

Notes receivable from participants

Participants may borrow from their fund accounts one loan of a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are subject to a reasonable rate of interest and are secured by the balance in the participant's account. All loans must be repaid within 5 years unless the loan is for the purchase of a principal residence for which the loan term may exceed 5 years, but not more than 10 years. Participants may have no more than one loan from the Plan outstanding at any time. Interest rates on outstanding loans range from 5.25% to 7.50% for the year ended December 31, 2022, and have various maturity dates through June 2027.

Payment of benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum distribution or installment payments under various options equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may leave the account in the Plan or may elect to receive the value of vested interest in his or her account as a lump sum distribution. If the participant's balance is \$1,000 or less, a lump sum distribution will be made as soon as administratively feasible and does not require the consent of the participant. If the participant's balance does not exceed \$5,000 and exceeds \$1,000, the participant's balance will automatically be rolled into an Individual Retirement Account for the benefit of the terminated participant. Under certain circumstances of financial hardship, as defined by the Plan, the participant is allowed to withdraw employee contributed funds from the Plan. In-service withdrawals from a participant's account are permitted to participants who are 59 ½ or older.

Forfeiture accounts

Forfeitures of non-vested terminated participants' accounts may be used to reduce future Employer contributions or to pay Plan administrative expenses. During 2022, \$17,031 was used to reduce Employer matching contributions. Total forfeited nonvested accounts as of December 31, 2022 and 2021, totaled \$2,993 and \$1,787, respectively.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Plan's financial statements.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

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 depreciation includes the Plan's net gains and losses on investments purchased and sold, as well as held, during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Contributions

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Employer, which is the pay date. Rollover contributions are recorded based on the date the contributions have been received by the Custodian.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions (continued)

Contributions from the Employer are recorded in the year earned to coincide with the year in which the Employer records the contributions to its general ledger. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

Administrative expenses by the Plan are recorded when incurred.

Subsequent events

The Plan has evaluated subsequent events through June 19, 2023, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, the Custodian, determined to be a qualified institution by the plan administrator, has certified to the completeness and accuracy of:

- Total investments, including investments recorded at fair value and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net investment loss and interest income on notes receivable from participants as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year) as of December 31, 2022.

Accordingly, as permitted under such election, the Plan administrator has instructed the Plan's independent auditor not to perform any auditing procedures with respect to the certified information except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are 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; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (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's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2022 and 2021.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Transfers between levels within the fair value hierarchy are recognized when there is a change in the investments within a level or a change in inputs used to value those investments. There were no transfers recognized in these financial statements.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2022:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 50,226,981</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 50,226,981</u>        |
|              | <u><u>\$ 50,226,981</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 50,226,981</u></u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2021:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 62,728,335</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 62,728,335</u>        |
|              | <u><u>\$ 62,728,335</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 62,728,335</u></u> |

5. RELATED PARTY AND PARTIES-IN-INTEREST

ERISA defines parties-in-interest similarly to the definition of a related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, and a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

Some fees and expenses of the Plan relating to legal, accounting, and other administrative services are paid by the Organization. The Plan is not required to repay expenses paid by the Organization on its behalf.

Vanguard retains as compensation for services provided to the Plan, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

Certain Plan investments are managed by Vanguard; therefore, these investment transactions qualify as exempt party-in-interest transactions.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the full value of each participant's account will become fully vested.

7. TAX STATUS

The volume submitter 403(b) plan by The Vanguard Group used by the Plan obtained its latest opinion letter on February 1, 2018, in which the Internal Revenue Service stated that the plan document is acceptable under Section 403(b) of the IRC for use by employers for the benefit of their employees. Although the Plan has been subsequently amended, the Plan sponsor believes the Plan was designed and was operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

|                                                                | <u>2022</u>          | <u>2021</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 50,426,519        | \$ 62,959,362        |
| Less: Employer contributions receivable at December 31         | (31,824)             | (29,365)             |
| Less: Participant contributions receivable at December 31      | <u>(72,196)</u>      | <u>(66,506)</u>      |
| Net assets available for benefits per the Form 5500            | <u>\$ 50,322,499</u> | <u>\$ 62,863,491</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2022:

|                                                                                |                        |
|--------------------------------------------------------------------------------|------------------------|
| Net decrease in net assets available for benefits per the financial statements | \$ (12,532,843)        |
| Less: Employer contributions receivable at December 31, 2022                   | (31,824)               |
| Less: Participant contributions receivable at December 31, 2022                | (72,196)               |
| Add: Employer contributions receivable at December 31, 2021                    | 29,365                 |
| Add: Participant contributions receivable at December 31, 2021                 | <u>66,506</u>          |
| Net decrease in net assets available for benefits per the Form 5500            | <u>\$ (12,540,992)</u> |

## SUPPLEMENTAL SCHEDULE

Guide Dogs for the Blind, Inc. 403(b) Plan  
 EIN: 94-1196195; Plan: 002  
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
 December 31, 2022

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party            | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value     |
|-----|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|
|     | American Beacon Small Cap Value; Institutional Shares                     | Mutual funds                                                                                                        | **          | \$ 302,443                  |
|     | American Funds EuroPacific Growth Fund; Class R-6                         | Mutual funds                                                                                                        | **          | 462,638                     |
|     | ClearBridge Small Cap Growth Fund; Class I                                | Mutual funds                                                                                                        | **          | 546,772                     |
|     | Dodge & Cox Income Fund                                                   | Mutual funds                                                                                                        | **          | 587,774                     |
|     | Dodge & Cox International Stock Fund                                      | Mutual funds                                                                                                        | **          | 566,665                     |
|     | JPMorgan Large Cap Growth Fund; Class R6                                  | Mutual funds                                                                                                        | **          | 1,017,964                   |
|     | PIMCO Real Return Fund - Institutional Class                              | Mutual funds                                                                                                        | **          | 148,191                     |
| *   | Vanguard 500 Index Fund Admiral Shares                                    | Mutual funds                                                                                                        | **          | 7,158,910                   |
| *   | Vanguard Federal Money Market Fund                                        | Mutual funds                                                                                                        | **          | 575,354                     |
| *   | Vanguard FTSE Social Index Fund Admiral Shares                            | Mutual funds                                                                                                        | **          | 409,516                     |
| *   | Vanguard Intermediate-Term Bond Index Fund: Adm Shares                    | Mutual funds                                                                                                        | **          | 2,154,075                   |
| *   | Vanguard Mid-Cap Index Fund Admiral Shares                                | Mutual funds                                                                                                        | **          | 14,897                      |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares                        | Mutual funds                                                                                                        | **          | 286,098                     |
| *   | Vanguard Small-Cap Index Fund Admiral Shares                              | Mutual funds                                                                                                        | **          | 229,655                     |
| *   | Vanguard Target Retirement 2020 Fund                                      | Mutual funds                                                                                                        | **          | 2,529,198                   |
| *   | Vanguard Target Retirement 2025 Fund                                      | Mutual funds                                                                                                        | **          | 4,460,628                   |
| *   | Vanguard Target Retirement 2030 Fund                                      | Mutual funds                                                                                                        | **          | 4,464,956                   |
| *   | Vanguard Target Retirement 2035 Fund                                      | Mutual funds                                                                                                        | **          | 7,820,401                   |
| *   | Vanguard Target Retirement 2040 Fund                                      | Mutual funds                                                                                                        | **          | 4,596,293                   |
| *   | Vanguard Target Retirement 2045 Fund                                      | Mutual funds                                                                                                        | **          | 2,465,572                   |
| *   | Vanguard Target Retirement 2050 Fund                                      | Mutual funds                                                                                                        | **          | 2,658,262                   |
| *   | Vanguard Target Retirement 2055 Fund                                      | Mutual funds                                                                                                        | **          | 1,742,710                   |
| *   | Vanguard Target Retirement 2060 Fund                                      | Mutual funds                                                                                                        | **          | 757,403                     |
| *   | Vanguard Target Retirement 2065 Fund                                      | Mutual funds                                                                                                        | **          | 16,407                      |
| *   | Vanguard Target Retirement Income                                         | Mutual funds                                                                                                        | **          | 1,815,662                   |
| *   | Vanguard Total International Stock Index Fund Admin                       | Mutual funds                                                                                                        | **          | 1,889,614                   |
| *   | Vanguard Windsor II Fund Admiral Shares                                   | Mutual funds                                                                                                        | **          | 548,923                     |
|     |                                                                           |                                                                                                                     |             | <u>50,226,981</u>           |
| *   | Notes receivable from participants                                        | Interest rates from 5.25% - 7.50%                                                                                   | -           | <u>95,518</u>               |
|     |                                                                           |                                                                                                                     |             | <u><u>\$ 50,322,499</u></u> |
| *   | Indicated party-in-interest to the Plan                                   |                                                                                                                     |             |                             |
| **  | Cost information not provided as all investments are participant directed |                                                                                                                     |             |                             |

## **Guide Dogs for the Blind, Inc. 403(b) Plan**

Financial Statements  
and Supplemental Schedule

December 31, 2022 and 2021  
and For the Year Ended December 31, 2022



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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Guide Dogs for the Blind, Inc. 403(b) Plan  
San Rafael, California

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

We have performed audits of the accompanying financial statements of Guide Dogs for the Blind, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guide Dogs for the Blind, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guide Dogs for the Blind, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guide Dogs for the Blind, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (the "supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Armanino LLP*

Armanino<sup>LLP</sup>  
Dallas, Texas

June 19, 2023

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statements of Net Assets Available for Benefits  
December 31, 2022 and 2021

|                                    | <u>2022</u>          | <u>2021</u>          |
|------------------------------------|----------------------|----------------------|
| ASSETS                             |                      |                      |
| Investments, at fair value         | \$ 50,226,981        | \$ 62,728,335        |
| Receivables                        |                      |                      |
| Participant contributions          | 72,196               | 66,506               |
| Employer contributions             | 31,824               | 29,365               |
| Notes receivable from participants | <u>95,518</u>        | <u>135,156</u>       |
| Total receivables                  | <u>199,538</u>       | <u>231,027</u>       |
| Net assets available for benefits  | <u>\$ 50,426,519</u> | <u>\$ 62,959,362</u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2022

|                                                              |                             |
|--------------------------------------------------------------|-----------------------------|
| Additions to net assets                                      |                             |
| Contributions                                                |                             |
| Participant                                                  | \$ 2,167,958                |
| Employer                                                     | 855,836                     |
| Rollovers                                                    | <u>80,752</u>               |
| Total contributions                                          | <u>3,104,546</u>            |
| Investment income (loss)                                     |                             |
| Interest and dividends                                       | 1,360,219                   |
| Net depreciation in fair value of investments                | <u>(11,507,860)</u>         |
| Net investment loss                                          | <u>(10,147,641)</u>         |
| Interest income on notes receivable from participants        | <u>6,045</u>                |
| Total additions to net assets, including net investment loss | <u>(7,037,050)</u>          |
| Deductions from net assets                                   |                             |
| Benefits paid to participants                                | 5,459,167                   |
| Administrative expenses                                      | <u>36,626</u>               |
| Total deductions from net assets                             | <u>5,495,793</u>            |
| Net decrease in net assets available for benefits            | (12,532,843)                |
| Net assets available for benefits, beginning of year         | <u>62,959,362</u>           |
| Net assets available for benefits, end of year               | <u><u>\$ 50,426,519</u></u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following description of Guide Dogs for the Blind, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Guide Dogs for the Blind, Inc. (the "Organization", "Employer", or "Plan Sponsor") pursuant to Section 403(b) and related provisions of the Internal Revenue Code (IRC), was established September 1, 1995 and restated effective January 1, 2010. The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination of employment, or financial hardship. The Plan covers all eligible employees of the Employer upon employment, as defined by the Plan. It is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. SECURE 2.0 contains multiple provisions that may impact the Plan's governing document. The effective dates for these provisions vary from January 1, 2023 to December 31, 2032. It is at least reasonably possible that this matter will impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated by management at this time. The Organization has until December 31, 2025 to amend the Plan for the changes related to SECURE 2.0.

Plan administration

The Organization is the administrator of the Plan, and as such, carries out the duties imposed by ERISA and the IRC. The Organization has delegated certain functions related to Plan operations and administration, including custodial and recordkeeping services, to Vanguard Fiduciary Trust Company ("Vanguard" or "Custodian").

Eligibility

All employees of the Organization, except employees who are normally scheduled to work less than 20 hours a week and non-resident aliens, are immediately eligible to participate in the Plan. Eligible employees are eligible to receive Employer contributions after three months of credited service.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Contributions

Participants may elect to contribute through payroll deductions amounts up to 100% of their annual compensation as defined in the Plan, on a pre-tax basis or on an after-tax basis as Roth contributions, up to a maximum allowed by the IRC. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions up to the IRC limits. Participants are allowed to rollover contributions from other qualified retirement plans, as defined in the plan document. Participants direct the investment of all their contributions into various investment options offered by the Plan.

The Organization will automatically enroll an employee with a deferral rate of 3% unless the employee makes an affirmative election not to participate or makes an alternative election to defer compensation. The Plan has an automatic escalation provision for all participants, who on the automatic deferral escalation date, have a deferral rate less than 6%. Participants who do not have a contrary election, will have an automatic 1% increase in deferral, every August 1 of the Plan year, up to a maximum of 6% deferral rate.

The Organization may make discretionary matching and profit sharing contributions. During 2022, the Organization contributed a discretionary match of 100% of the participant's deferrals, not to exceed 4% of the participant's eligible compensation. During 2022, the Organization did not make discretionary profit sharing contributions to the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of Employer contributions and Plan earnings, and charged with the participant's distributions, an allocation of investment losses and administrative expenses not paid directly by the Organization. Allocations of investments earnings are based strictly on the participant's selection of investments and timing of purchase. Other allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Vesting (continued)

Vesting for discretionary Employer matching and profit sharing contributions are as follows:

| <u>Years of Service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| Less than 1             | 0 %               |
| 1                       | 20 %              |
| 2                       | 50 %              |
| 3                       | 80 %              |
| 4                       | 100 %             |

Notes receivable from participants

Participants may borrow from their fund accounts one loan of a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are subject to a reasonable rate of interest and are secured by the balance in the participant's account. All loans must be repaid within 5 years unless the loan is for the purchase of a principal residence for which the loan term may exceed 5 years, but not more than 10 years. Participants may have no more than one loan from the Plan outstanding at any time. Interest rates on outstanding loans range from 5.25% to 7.50% for the year ended December 31, 2022, and have various maturity dates through June 2027.

Payment of benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum distribution or installment payments under various options equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may leave the account in the Plan or may elect to receive the value of vested interest in his or her account as a lump sum distribution. If the participant's balance is \$1,000 or less, a lump sum distribution will be made as soon as administratively feasible and does not require the consent of the participant. If the participant's balance does not exceed \$5,000 and exceeds \$1,000, the participant's balance will automatically be rolled into an Individual Retirement Account for the benefit of the terminated participant. Under certain circumstances of financial hardship, as defined by the Plan, the participant is allowed to withdraw employee contributed funds from the Plan. In-service withdrawals from a participant's account are permitted to participants who are 59 ½ or older.

Forfeiture accounts

Forfeitures of non-vested terminated participants' accounts may be used to reduce future Employer contributions or to pay Plan administrative expenses. During 2022, \$17,031 was used to reduce Employer matching contributions. Total forfeited nonvested accounts as of December 31, 2022 and 2021, totaled \$2,993 and \$1,787, respectively.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Plan's financial statements.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

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 depreciation includes the Plan's net gains and losses on investments purchased and sold, as well as held, during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Contributions

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Employer, which is the pay date. Rollover contributions are recorded based on the date the contributions have been received by the Custodian.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions (continued)

Contributions from the Employer are recorded in the year earned to coincide with the year in which the Employer records the contributions to its general ledger. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

Administrative expenses by the Plan are recorded when incurred.

Subsequent events

The Plan has evaluated subsequent events through June 19, 2023, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, the Custodian, determined to be a qualified institution by the plan administrator, has certified to the completeness and accuracy of:

- Total investments, including investments recorded at fair value and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net investment loss and interest income on notes receivable from participants as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year) as of December 31, 2022.

Accordingly, as permitted under such election, the Plan administrator has instructed the Plan's independent auditor not to perform any auditing procedures with respect to the certified information except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are 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; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (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's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2022 and 2021.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Transfers between levels within the fair value hierarchy are recognized when there is a change in the investments within a level or a change in inputs used to value those investments. There were no transfers recognized in these financial statements.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2022:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 50,226,981</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 50,226,981</u>        |
|              | <u><u>\$ 50,226,981</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 50,226,981</u></u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2021:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 62,728,335</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 62,728,335</u>        |
|              | <u><u>\$ 62,728,335</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 62,728,335</u></u> |

5. RELATED PARTY AND PARTIES-IN-INTEREST

ERISA defines parties-in-interest similarly to the definition of a related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, and a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

Some fees and expenses of the Plan relating to legal, accounting, and other administrative services are paid by the Organization. The Plan is not required to repay expenses paid by the Organization on its behalf.

Vanguard retains as compensation for services provided to the Plan, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

Certain Plan investments are managed by Vanguard; therefore, these investment transactions qualify as exempt party-in-interest transactions.

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the full value of each participant's account will become fully vested.

7. TAX STATUS

The volume submitter 403(b) plan by The Vanguard Group used by the Plan obtained its latest opinion letter on February 1, 2018, in which the Internal Revenue Service stated that the plan document is acceptable under Section 403(b) of the IRC for use by employers for the benefit of their employees. Although the Plan has been subsequently amended, the Plan sponsor believes the Plan was designed and was operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

|                                                                | <u>2022</u>          | <u>2021</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 50,426,519        | \$ 62,959,362        |
| Less: Employer contributions receivable at December 31         | (31,824)             | (29,365)             |
| Less: Participant contributions receivable at December 31      | <u>(72,196)</u>      | <u>(66,506)</u>      |
| Net assets available for benefits per the Form 5500            | <u>\$ 50,322,499</u> | <u>\$ 62,863,491</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2022:

|                                                                                |                        |
|--------------------------------------------------------------------------------|------------------------|
| Net decrease in net assets available for benefits per the financial statements | \$ (12,532,843)        |
| Less: Employer contributions receivable at December 31, 2022                   | (31,824)               |
| Less: Participant contributions receivable at December 31, 2022                | (72,196)               |
| Add: Employer contributions receivable at December 31, 2021                    | 29,365                 |
| Add: Participant contributions receivable at December 31, 2021                 | <u>66,506</u>          |
| Net decrease in net assets available for benefits per the Form 5500            | <u>\$ (12,540,992)</u> |

## SUPPLEMENTAL SCHEDULE

Guide Dogs for the Blind, Inc. 403(b) Plan  
 EIN: 94-1196195; Plan: 002  
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
 December 31, 2022

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party            | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value     |
|-----|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|
|     | American Beacon Small Cap Value; Institutional Shares                     | Mutual funds                                                                                                        | **          | \$ 302,443                  |
|     | American Funds EuroPacific Growth Fund; Class R-6                         | Mutual funds                                                                                                        | **          | 462,638                     |
|     | ClearBridge Small Cap Growth Fund; Class I                                | Mutual funds                                                                                                        | **          | 546,772                     |
|     | Dodge & Cox Income Fund                                                   | Mutual funds                                                                                                        | **          | 587,774                     |
|     | Dodge & Cox International Stock Fund                                      | Mutual funds                                                                                                        | **          | 566,665                     |
|     | JPMorgan Large Cap Growth Fund; Class R6                                  | Mutual funds                                                                                                        | **          | 1,017,964                   |
|     | PIMCO Real Return Fund - Institutional Class                              | Mutual funds                                                                                                        | **          | 148,191                     |
| *   | Vanguard 500 Index Fund Admiral Shares                                    | Mutual funds                                                                                                        | **          | 7,158,910                   |
| *   | Vanguard Federal Money Market Fund                                        | Mutual funds                                                                                                        | **          | 575,354                     |
| *   | Vanguard FTSE Social Index Fund Admiral Shares                            | Mutual funds                                                                                                        | **          | 409,516                     |
| *   | Vanguard Intermediate-Term Bond Index Fund: Adm Shares                    | Mutual funds                                                                                                        | **          | 2,154,075                   |
| *   | Vanguard Mid-Cap Index Fund Admiral Shares                                | Mutual funds                                                                                                        | **          | 14,897                      |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares                        | Mutual funds                                                                                                        | **          | 286,098                     |
| *   | Vanguard Small-Cap Index Fund Admiral Shares                              | Mutual funds                                                                                                        | **          | 229,655                     |
| *   | Vanguard Target Retirement 2020 Fund                                      | Mutual funds                                                                                                        | **          | 2,529,198                   |
| *   | Vanguard Target Retirement 2025 Fund                                      | Mutual funds                                                                                                        | **          | 4,460,628                   |
| *   | Vanguard Target Retirement 2030 Fund                                      | Mutual funds                                                                                                        | **          | 4,464,956                   |
| *   | Vanguard Target Retirement 2035 Fund                                      | Mutual funds                                                                                                        | **          | 7,820,401                   |
| *   | Vanguard Target Retirement 2040 Fund                                      | Mutual funds                                                                                                        | **          | 4,596,293                   |
| *   | Vanguard Target Retirement 2045 Fund                                      | Mutual funds                                                                                                        | **          | 2,465,572                   |
| *   | Vanguard Target Retirement 2050 Fund                                      | Mutual funds                                                                                                        | **          | 2,658,262                   |
| *   | Vanguard Target Retirement 2055 Fund                                      | Mutual funds                                                                                                        | **          | 1,742,710                   |
| *   | Vanguard Target Retirement 2060 Fund                                      | Mutual funds                                                                                                        | **          | 757,403                     |
| *   | Vanguard Target Retirement 2065 Fund                                      | Mutual funds                                                                                                        | **          | 16,407                      |
| *   | Vanguard Target Retirement Income                                         | Mutual funds                                                                                                        | **          | 1,815,662                   |
| *   | Vanguard Total International Stock Index Fund Admin                       | Mutual funds                                                                                                        | **          | 1,889,614                   |
| *   | Vanguard Windsor II Fund Admiral Shares                                   | Mutual funds                                                                                                        | **          | 548,923                     |
|     |                                                                           |                                                                                                                     |             | <u>50,226,981</u>           |
| *   | Notes receivable from participants                                        | Interest rates from 5.25% - 7.50%                                                                                   | -           | <u>95,518</u>               |
|     |                                                                           |                                                                                                                     |             | <u><u>\$ 50,322,499</u></u> |
| *   | Indicated party-in-interest to the Plan                                   |                                                                                                                     |             |                             |
| **  | Cost information not provided as all investments are participant directed |                                                                                                                     |             |                             |

## **Guide Dogs for the Blind, Inc. 403(b) Plan**

Financial Statements  
and Supplemental Schedule

December 31, 2022 and 2021  
and For the Year Ended December 31, 2022



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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Guide Dogs for the Blind, Inc. 403(b) Plan  
San Rafael, California

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

We have performed audits of the accompanying financial statements of Guide Dogs for the Blind, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guide Dogs for the Blind, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guide Dogs for the Blind, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guide Dogs for the Blind, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guide Dogs for the Blind, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (the "supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Armanino LLP*

Armanino<sup>LLP</sup>  
Dallas, Texas

June 19, 2023

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statements of Net Assets Available for Benefits  
December 31, 2022 and 2021

|                                    | <u>2022</u>          | <u>2021</u>          |
|------------------------------------|----------------------|----------------------|
| ASSETS                             |                      |                      |
| Investments, at fair value         | \$ 50,226,981        | \$ 62,728,335        |
| Receivables                        |                      |                      |
| Participant contributions          | 72,196               | 66,506               |
| Employer contributions             | 31,824               | 29,365               |
| Notes receivable from participants | <u>95,518</u>        | <u>135,156</u>       |
| Total receivables                  | <u>199,538</u>       | <u>231,027</u>       |
| Net assets available for benefits  | <u>\$ 50,426,519</u> | <u>\$ 62,959,362</u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2022

|                                                              |                             |
|--------------------------------------------------------------|-----------------------------|
| Additions to net assets                                      |                             |
| Contributions                                                |                             |
| Participant                                                  | \$ 2,167,958                |
| Employer                                                     | 855,836                     |
| Rollovers                                                    | <u>80,752</u>               |
| Total contributions                                          | <u>3,104,546</u>            |
| Investment income (loss)                                     |                             |
| Interest and dividends                                       | 1,360,219                   |
| Net depreciation in fair value of investments                | <u>(11,507,860)</u>         |
| Net investment loss                                          | <u>(10,147,641)</u>         |
| Interest income on notes receivable from participants        | <u>6,045</u>                |
| Total additions to net assets, including net investment loss | <u>(7,037,050)</u>          |
| Deductions from net assets                                   |                             |
| Benefits paid to participants                                | 5,459,167                   |
| Administrative expenses                                      | <u>36,626</u>               |
| Total deductions from net assets                             | <u>5,495,793</u>            |
| Net decrease in net assets available for benefits            | (12,532,843)                |
| Net assets available for benefits, beginning of year         | <u>62,959,362</u>           |
| Net assets available for benefits, end of year               | <u><u>\$ 50,426,519</u></u> |

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

Guide Dogs for the Blind, Inc. 403(b) Plan  
Notes to Financial Statements  
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following description of Guide Dogs for the Blind, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Guide Dogs for the Blind, Inc. (the "Organization", "Employer", or "Plan Sponsor") pursuant to Section 403(b) and related provisions of the Internal Revenue Code (IRC), was established September 1, 1995 and restated effective January 1, 2010. The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination of employment, or financial hardship. The Plan covers all eligible employees of the Employer upon employment, as defined by the Plan. It is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. SECURE 2.0 contains multiple provisions that may impact the Plan's governing document. The effective dates for these provisions vary from January 1, 2023 to December 31, 2032. It is at least reasonably possible that this matter will impact the Plan. However, the ultimate financial impact and duration cannot be reasonably estimated by management at this time. The Organization has until December 31, 2025 to amend the Plan for the changes related to SECURE 2.0.

Plan administration

The Organization is the administrator of the Plan, and as such, carries out the duties imposed by ERISA and the IRC. The Organization has delegated certain functions related to Plan operations and administration, including custodial and recordkeeping services, to Vanguard Fiduciary Trust Company ("Vanguard" or "Custodian").

Eligibility

All employees of the Organization, except employees who are normally scheduled to work less than 20 hours a week and non-resident aliens, are immediately eligible to participate in the Plan. Eligible employees are eligible to receive Employer contributions after three months of credited service.

Guide Dogs for the Blind, Inc. 403(b) Plan  
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1. DESCRIPTION OF THE PLAN (continued)

Contributions

Participants may elect to contribute through payroll deductions amounts up to 100% of their annual compensation as defined in the Plan, on a pre-tax basis or on an after-tax basis as Roth contributions, up to a maximum allowed by the IRC. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions up to the IRC limits. Participants are allowed to rollover contributions from other qualified retirement plans, as defined in the plan document. Participants direct the investment of all their contributions into various investment options offered by the Plan.

The Organization will automatically enroll an employee with a deferral rate of 3% unless the employee makes an affirmative election not to participate or makes an alternative election to defer compensation. The Plan has an automatic escalation provision for all participants, who on the automatic deferral escalation date, have a deferral rate less than 6%. Participants who do not have a contrary election, will have an automatic 1% increase in deferral, every August 1 of the Plan year, up to a maximum of 6% deferral rate.

The Organization may make discretionary matching and profit sharing contributions. During 2022, the Organization contributed a discretionary match of 100% of the participant's deferrals, not to exceed 4% of the participant's eligible compensation. During 2022, the Organization did not make discretionary profit sharing contributions to the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of Employer contributions and Plan earnings, and charged with the participant's distributions, an allocation of investment losses and administrative expenses not paid directly by the Organization. Allocations of investments earnings are based strictly on the participant's selection of investments and timing of purchase. Other allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon.

Guide Dogs for the Blind, Inc. 403(b) Plan  
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1. DESCRIPTION OF THE PLAN (continued)

Vesting (continued)

Vesting for discretionary Employer matching and profit sharing contributions are as follows:

| <u>Years of Service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| Less than 1             | 0 %               |
| 1                       | 20 %              |
| 2                       | 50 %              |
| 3                       | 80 %              |
| 4                       | 100 %             |

Notes receivable from participants

Participants may borrow from their fund accounts one loan of a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are subject to a reasonable rate of interest and are secured by the balance in the participant's account. All loans must be repaid within 5 years unless the loan is for the purchase of a principal residence for which the loan term may exceed 5 years, but not more than 10 years. Participants may have no more than one loan from the Plan outstanding at any time. Interest rates on outstanding loans range from 5.25% to 7.50% for the year ended December 31, 2022, and have various maturity dates through June 2027.

Payment of benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum distribution or installment payments under various options equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may leave the account in the Plan or may elect to receive the value of vested interest in his or her account as a lump sum distribution. If the participant's balance is \$1,000 or less, a lump sum distribution will be made as soon as administratively feasible and does not require the consent of the participant. If the participant's balance does not exceed \$5,000 and exceeds \$1,000, the participant's balance will automatically be rolled into an Individual Retirement Account for the benefit of the terminated participant. Under certain circumstances of financial hardship, as defined by the Plan, the participant is allowed to withdraw employee contributed funds from the Plan. In-service withdrawals from a participant's account are permitted to participants who are 59 ½ or older.

Forfeiture accounts

Forfeitures of non-vested terminated participants' accounts may be used to reduce future Employer contributions or to pay Plan administrative expenses. During 2022, \$17,031 was used to reduce Employer matching contributions. Total forfeited nonvested accounts as of December 31, 2022 and 2021, totaled \$2,993 and \$1,787, respectively.

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Plan's financial statements.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

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 depreciation includes the Plan's net gains and losses on investments purchased and sold, as well as held, during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Contributions

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Employer, which is the pay date. Rollover contributions are recorded based on the date the contributions have been received by the Custodian.

Guide Dogs for the Blind, Inc. 403(b) Plan  
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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions (continued)

Contributions from the Employer are recorded in the year earned to coincide with the year in which the Employer records the contributions to its general ledger. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

Administrative expenses by the Plan are recorded when incurred.

Subsequent events

The Plan has evaluated subsequent events through June 19, 2023, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, the Custodian, determined to be a qualified institution by the plan administrator, has certified to the completeness and accuracy of:

- Total investments, including investments recorded at fair value and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net investment loss and interest income on notes receivable from participants as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year) as of December 31, 2022.

Accordingly, as permitted under such election, the Plan administrator has instructed the Plan's independent auditor not to perform any auditing procedures with respect to the certified information except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

Guide Dogs for the Blind, Inc. 403(b) Plan  
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4. FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are 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; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (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's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2022 and 2021.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Transfers between levels within the fair value hierarchy are recognized when there is a change in the investments within a level or a change in inputs used to value those investments. There were no transfers recognized in these financial statements.

Guide Dogs for the Blind, Inc. 403(b) Plan  
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4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2022:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 50,226,981</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 50,226,981</u>        |
|              | <u><u>\$ 50,226,981</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 50,226,981</u></u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, by type, at fair value as of December 31, 2021:

|              | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Fair Value</u>           |
|--------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Mutual funds | <u>\$ 62,728,335</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 62,728,335</u>        |
|              | <u><u>\$ 62,728,335</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 62,728,335</u></u> |

5. RELATED PARTY AND PARTIES-IN-INTEREST

ERISA defines parties-in-interest similarly to the definition of a related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, and a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

Some fees and expenses of the Plan relating to legal, accounting, and other administrative services are paid by the Organization. The Plan is not required to repay expenses paid by the Organization on its behalf.

Vanguard retains as compensation for services provided to the Plan, any interest on amounts earned while certain transactions are pending. This applies to both contributions and distributions. Earnings are at institutional money market rates.

Certain Plan investments are managed by Vanguard; therefore, these investment transactions qualify as exempt party-in-interest transactions.

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6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the full value of each participant's account will become fully vested.

7. TAX STATUS

The volume submitter 403(b) plan by The Vanguard Group used by the Plan obtained its latest opinion letter on February 1, 2018, in which the Internal Revenue Service stated that the plan document is acceptable under Section 403(b) of the IRC for use by employers for the benefit of their employees. Although the Plan has been subsequently amended, the Plan sponsor believes the Plan was designed and was operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

|                                                                | <u>2022</u>          | <u>2021</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 50,426,519        | \$ 62,959,362        |
| Less: Employer contributions receivable at December 31         | (31,824)             | (29,365)             |
| Less: Participant contributions receivable at December 31      | <u>(72,196)</u>      | <u>(66,506)</u>      |
| Net assets available for benefits per the Form 5500            | <u>\$ 50,322,499</u> | <u>\$ 62,863,491</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2022:

|                                                                                |                        |
|--------------------------------------------------------------------------------|------------------------|
| Net decrease in net assets available for benefits per the financial statements | \$ (12,532,843)        |
| Less: Employer contributions receivable at December 31, 2022                   | (31,824)               |
| Less: Participant contributions receivable at December 31, 2022                | (72,196)               |
| Add: Employer contributions receivable at December 31, 2021                    | 29,365                 |
| Add: Participant contributions receivable at December 31, 2021                 | <u>66,506</u>          |
| Net decrease in net assets available for benefits per the Form 5500            | <u>\$ (12,540,992)</u> |

## SUPPLEMENTAL SCHEDULE

Guide Dogs for the Blind, Inc. 403(b) Plan  
 EIN: 94-1196195; Plan: 002  
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
 December 31, 2022

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party            | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value     |
|-----|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|
|     | American Beacon Small Cap Value; Institutional Shares                     | Mutual funds                                                                                                        | **          | \$ 302,443                  |
|     | American Funds EuroPacific Growth Fund; Class R-6                         | Mutual funds                                                                                                        | **          | 462,638                     |
|     | ClearBridge Small Cap Growth Fund; Class I                                | Mutual funds                                                                                                        | **          | 546,772                     |
|     | Dodge & Cox Income Fund                                                   | Mutual funds                                                                                                        | **          | 587,774                     |
|     | Dodge & Cox International Stock Fund                                      | Mutual funds                                                                                                        | **          | 566,665                     |
|     | JPMorgan Large Cap Growth Fund; Class R6                                  | Mutual funds                                                                                                        | **          | 1,017,964                   |
|     | PIMCO Real Return Fund - Institutional Class                              | Mutual funds                                                                                                        | **          | 148,191                     |
| *   | Vanguard 500 Index Fund Admiral Shares                                    | Mutual funds                                                                                                        | **          | 7,158,910                   |
| *   | Vanguard Federal Money Market Fund                                        | Mutual funds                                                                                                        | **          | 575,354                     |
| *   | Vanguard FTSE Social Index Fund Admiral Shares                            | Mutual funds                                                                                                        | **          | 409,516                     |
| *   | Vanguard Intermediate-Term Bond Index Fund: Adm Shares                    | Mutual funds                                                                                                        | **          | 2,154,075                   |
| *   | Vanguard Mid-Cap Index Fund Admiral Shares                                | Mutual funds                                                                                                        | **          | 14,897                      |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares                        | Mutual funds                                                                                                        | **          | 286,098                     |
| *   | Vanguard Small-Cap Index Fund Admiral Shares                              | Mutual funds                                                                                                        | **          | 229,655                     |
| *   | Vanguard Target Retirement 2020 Fund                                      | Mutual funds                                                                                                        | **          | 2,529,198                   |
| *   | Vanguard Target Retirement 2025 Fund                                      | Mutual funds                                                                                                        | **          | 4,460,628                   |
| *   | Vanguard Target Retirement 2030 Fund                                      | Mutual funds                                                                                                        | **          | 4,464,956                   |
| *   | Vanguard Target Retirement 2035 Fund                                      | Mutual funds                                                                                                        | **          | 7,820,401                   |
| *   | Vanguard Target Retirement 2040 Fund                                      | Mutual funds                                                                                                        | **          | 4,596,293                   |
| *   | Vanguard Target Retirement 2045 Fund                                      | Mutual funds                                                                                                        | **          | 2,465,572                   |
| *   | Vanguard Target Retirement 2050 Fund                                      | Mutual funds                                                                                                        | **          | 2,658,262                   |
| *   | Vanguard Target Retirement 2055 Fund                                      | Mutual funds                                                                                                        | **          | 1,742,710                   |
| *   | Vanguard Target Retirement 2060 Fund                                      | Mutual funds                                                                                                        | **          | 757,403                     |
| *   | Vanguard Target Retirement 2065 Fund                                      | Mutual funds                                                                                                        | **          | 16,407                      |
| *   | Vanguard Target Retirement Income                                         | Mutual funds                                                                                                        | **          | 1,815,662                   |
| *   | Vanguard Total International Stock Index Fund Admin                       | Mutual funds                                                                                                        | **          | 1,889,614                   |
| *   | Vanguard Windsor II Fund Admiral Shares                                   | Mutual funds                                                                                                        | **          | 548,923                     |
|     |                                                                           |                                                                                                                     |             | <u>50,226,981</u>           |
| *   | Notes receivable from participants                                        | Interest rates from 5.25% - 7.50%                                                                                   | -           | <u>95,518</u>               |
|     |                                                                           |                                                                                                                     |             | <u><u>\$ 50,322,499</u></u> |
| *   | Indicated party-in-interest to the Plan                                   |                                                                                                                     |             |                             |
| **  | Cost information not provided as all investments are participant directed |                                                                                                                     |             |                             |