

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 12/01/2000
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTER FOR BIOLOGICAL DIVERSITY IN P. O. BOX 710 TUCSON, AZ 85702 378 N. MAIN AVENUE TUCSON, AZ 85701	2b	Employer Identification Number (EIN) 27-3943866
		2c	Plan Sponsor's telephone number 520-623-5252
		2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2023	ERIC L. HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor ACH RETIREMENT PLAN CONSULTANTS INC ERIC L. HUGHES 4729 EAST SUNRISE DRIVE PMB 334 TUCSON, AZ 85718	3b Administrator's EIN 45-3763537 3c Administrator's telephone number 520-751-9403
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 268
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 171 6a(2) 179 6b 0 6c 101 6d 280 6e 0 6f 280 6g 266 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2L 2M 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR BIOLOGIOCAL DIVERSITY IN	D Employer Identification Number (EIN) 27-3943866	

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

(a) Name of insurance carrier TIAA-CREF
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	337427	126	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	2144665
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1478364

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	2013960
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c	Additions: (1) Contributions deposited during the year	7c(1)	37396	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	79172	
	(4) Transferred from separate account	7c(4)	755224	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	871792
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2885752
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	90492	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	650595	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	741087
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2144665
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR BIOLOGICAL DIVERSITY IN	D Employer Identification Number (EIN) 27-3943866	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INVESTMENT COMPANY	23828	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CENTER FOR BIOLOGIOCAL DIVERSITY IN	D Employer Identification Number (EIN) 27-3943866	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39643
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTER FOR BIOLOGICAL DIVERSITY IN</u>	D Employer Identification Number (EIN) <u>27-3943866</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1017	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		501492
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	25020	19481
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	59390	39643
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18840728	16646702
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2013960	2144665
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20940115	19351983

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20940115	19351983
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1179174	
(B) Participants	2a(1)(B)	1338602	
(C) Others (including rollovers)	2a(1)(C)	385270	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2903046
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1687	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2033	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3720
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-3966193
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1059427
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	528705	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		528705
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		528705
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1588132
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: LUDWIG KLEWER & RUDNER PLLC

(2) EIN: 36-4538293

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 CENTER FOR BIOLOGICAL DIVERSITY 403(B) DC PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR BIOLOGICAL DIVERSITY IN		D Employer Identification Number (EIN) 27-3943866
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): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

Audited Financial Statements
and Supplementary Information

For the years ended December 31, 2022 and 2021

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Beneficiaries
Center for Biological Diversity 403(b) DC Plan

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

We have performed audits of the accompanying financial statements of the Center for Biological Diversity 403(b) DC 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 8 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 Audits 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 on the Financial Statements

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 Audits of the Financial Statements section of our report. We are required to be independent of the Center for Biological Diversity 403(b) DC 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.



INDEPENDENT AUDITOR'S REPORT, Continued

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 Center for Biological Diversity 403(b) DC Plan's ability to continue as a going concern for one year after the date 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 Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of the Financial Statements 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 the Center for Biological Diversity 403(b) DC Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center for Biological Diversity 403(b) DC Plan's ability to continue as a going concern for a reasonable period of time.

INDEPENDENT AUDITOR'S REPORT, Continued

Auditor's Responsibilities for the Audits of the Financial Statements, Continued

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 Matters

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022, 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 their form and content, are 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, are 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).

LUOWIG KIEWER & RUPNER PLLC

October 13, 2022

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 501,492	\$ -
Investments, at fair value	18,831,010	20,914,078
Notes receivable from participants	19,481	25,020
Employer contributions receivable	<u>-</u>	<u>1,017</u>
Total assets	19,351,983	20,940,115
<u>LIABILITIES</u>		
Total liabilities	<u>-</u>	<u>-</u>
Total assets and net assets reflecting investments at fair value	<u>\$ 19,351,983</u>	<u>\$ 20,940,115</u>

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

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2022 and 2021

	2022	2021
Additions to net assets attributed to:		
Investment (loss) income:		
Net change in fair value of investments	\$ (3,966,193)	\$ 2,313,658
Interest and dividend income	1,687	171,215
Net investment (loss) income	(3,964,506)	2,484,873
Interest income on notes receivable from participants	2,033	529
Contributions:		
Contributions by participants	1,338,602	1,240,469
Contributions by employer	1,179,174	1,450,027
Rollover contributions	385,270	131,026
Total contributions	2,903,046	2,821,522
Total (reductions) additions	(1,059,427)	5,306,395
Deductions from net assets attributed to:		
Benefits paid to participants	528,705	1,406,902
Contract administrator fees	-	1,466
Total deductions	528,705	1,408,368
Net change	(1,588,132)	3,898,027
Net assets available for benefits:		
Beginning of year	20,940,115	17,041,559
End of year	\$ 19,351,983	\$ 20,940,115

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

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS For the years ended December 31, 2022 and 2021

1. Description of Plan

The following description of the Center for Biological Diversity (Organization) 403(b) DC Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a deferred arrangement that is part of an employee savings plan covering all employees of the Organization. Employees are eligible to make elective deferral contributions on their date of hire. Employees are eligible to receive employer contributions on their date of hire after one consecutive year of service as long as they have reached 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute a percentage of pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Organization will make a contribution equal to 5% of the participant's compensation for participants with one to four years of service, and that contribution will increase by 1% for each additional five years of service. In addition, if a participant contributes between 1% and 2% of compensation, the Organization will match the contribution at 100%. Qualified non-elective contributions may be made to satisfy nondiscrimination rules. Contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant Accounts

Each participant's account is credited with the amount selected to be deferred, an allocation of the Organization's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

SECURE 2.0 Act

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provision to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the employer contributions is based on years of continuous service. A participant is 100% vested in employer discretionary contributions, plus actual earnings thereon, after two years of service based on a cliff vesting schedule. To earn a year of service, participants must have 1,000 or more hours of service during the service period, which is a one-year period ending on December 31.

See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

1. Description of Plan, Continued

Notes Receivable from Participants

Participants may borrow from their fund account a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their balance, whichever is less. If the participant has more than one loan outstanding, the \$50,000 maximum will be reduced by the highest outstanding loan balance in the 12-month period prior to the new loan. Loan terms may not exceed five years, unless the loan proceeds are applied toward the purchase of a primary residence. In such cases, the term of the loan may be for the term of the mortgage, for a maximum of 15 years. Principal and interest are paid ratably through payroll deductions. The interest rate on the notes receivable is equal to the Prime Rate plus 1%, which totals 4.25% at December 31, 2022.

Plan Loans

Certain other loans are issued to participants as separate contracts by TIAA-CREF Financial Services (a Custodian), as contemplated under Internal Revenue Code (IRC) section 72(p)(5), and do not represent Plan assets. Plan loans are collateralized by a participant's balance in their TIAA Traditional Non-Benefit Responsive and TIAA Traditional Benefit Responsive (collectively, TIAA Traditional) account balances in an amount equal to 110% of the outstanding loan balance. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of their TIAA Traditional account balance, subject to annuity contract and Plan provisions. Plan loan terms range from one to five years in one-year increments. Principal and interest is paid ratably by the participant to the Custodian and each payment reduces amounts collateralized by the borrowing participant's TIAA Traditional account balance. Plan loan balances outstanding from participants to the Custodian were \$50,921 and \$51,660 at December 31, 2022 and 2021, respectively.

Administrative Expenses

As provided in the Plan agreement, administrative expenses may be paid either by the Plan or by the Organization. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. For the years ended December 31, 2022 and 2021, the Plan paid administrative expenses of \$-0- and \$1,466, respectively. All other administrative expenses, including professional fees, were paid by the Organization on behalf of the Plan.

Payment of Benefits

On termination of services due to death, disability, retirement or other reasons, a participant will receive a lump-sum amount equal to the value of the vested interest in his or her account.

Forfeited Accounts

At December 31, 2022 and 2021, there were balances of \$-0- and \$3,100 in the forfeited non-vested account. This account may be used to pay administrative expenses or reduce future employer contributions. During the years ended December 31, 2022 and 2021, forfeitures of \$3,097 and \$21,000, respectively, were used to reduce employer matching contributions. There were no forfeitures used to pay administrative expenses during the years ended December 31, 2022 and 2021.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

2. Summary of Significant Accounting Policies, Continued

Estimates

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

Investment Valuation and Income Recognition

The Plan's 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. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

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 statements of net assets available for benefits.

3. 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 Plan termination, participants will become 100% vested in their accounts.

4. Income Tax Status

The Plan terms have been drafted in reliance on sample language provided by the IRS in Revenue Procedure 2013-22. The Plan administrator intends to apply for a determination letter on the Plan when the government opens such program. The Plan is required to operate in accordance with the Internal Revenue Code (IRC) to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

5. Fair Value Measurements

The Financial Accounting Standards Board has established a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to 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 in the methodologies used at December 31, 2022 and 2021.

Mutual funds: valued at the net asset value of shares held by the Plan at year end.

Guaranteed interest account (non fully benefit-responsive): valued at net asset value based on the market value of the underlying investments.

Pooled separate account: valued at the net asset value of shares held by the Plan based on the market value of the underlying investments.

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 the Plan 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.

See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

5. Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets:

Investments at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 16,646,703	\$ -	\$ -	\$ 16,646,703
Guaranteed interest account	-	1,285,343	-	1,285,343
Pooled separate account	-	39,643	-	39,643
Total investments	\$ 16,646,703	\$ 1,324,986	\$ -	17,971,689
Investments measured at net asset value - guaranteed investment contracts				859,321
				<u>\$ 18,831,010</u>

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,840,728	\$ -	\$ -	\$ 18,840,728
Guaranteed interest account	-	1,219,989	-	1,219,989
Pooled separate account	-	59,390	-	59,390
Total investments	\$ 18,840,728	\$ 1,279,379	\$ -	20,120,107
Investments measured at net asset value - guaranteed investment contract				793,971
				<u>\$ 20,914,078</u>

Certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table above are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

6. Fair Value of Investments that use Net Asset Value Practical Expedient

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2022:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Guaranteed investment contracts	<u>\$ 859,321</u>	N/A	Daily	12 months

See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

6. Fair Value of Investments that use Net Asset Value Practical Expedient, Continued

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2021:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Guaranteed investment contract	\$ 793,971	N/A	Daily	12 months

7. Agreements and Transactions with Parties-in-Interest

Fees paid by the Organization on behalf of the Plan for legal, accounting and other services rendered to the Plan were based upon customary and reasonable rates for such services, as determined by the Plan's trustee.

8. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

	2022	2021
Cash and cash equivalents	\$ 501,492	\$ -
Investments, at fair value:		
Mutual funds	\$ 16,646,703	\$ 18,840,728
Guaranteed interest account	1,285,343	1,219,989
Pooled separate account	39,643	59,390
Guaranteed investment contracts	859,321	793,971
	\$ 18,831,010	\$ 20,914,078
Notes receivable from participants	\$ -	\$ 1,017
Net change in fair value of investments	\$ (3,966,193)	\$ 2,313,658
Interest and dividend income	\$ 1,687	\$ 171,215
Interest income on notes receivable from participants	\$ 2,033	\$ 529

9. Plan Amendment

The Plan was amended effective August 27, 2021 to change the calculation of the employer nonelective contribution. Effective with the amendment, the employer nonelective contribution is service-graded and calculated as a percentage of each participant's compensation based on the participant's years of service. Participants with one to four years of service will receive 5% of their compensation as an employer nonelective contribution, and that percentage will increase by 1% for each additional five years of service.

10. Subsequent Events

The Organization was unaware of any subsequent events as of October 13, 2022, the date the financial statements were available to be issued.

See independent auditor's report.

SUPPLEMENTAL SCHEDULE

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Interest-bearing cash	Cash and Cash Equivalents	501,492
	Investments:		
	Vanguard FTSE Soc Index Adml	Mutual Funds	3,704,472
	Fidelity 500 Index	Mutual Funds	3,664,084
	Franklin DynaTech Adv	Mutual Funds	1,549,640
	Putnam Large Cap Value Y	Mutual Funds	1,367,897
	TIAA Traditional Non Benefit Responsive	Guaranteed Interest Account	1,285,343
	TIAA Traditional Benefit Responsive	Guaranteed Investment Contract	809,663
	Vanguard Intermediate Term Bond IndxAdml	Mutual Funds	744,738
	DFA Real Estate Sec	Mutual Funds	739,354
	Black Rock iSMSCIEAFEInt Ind	Mutual Funds	693,817
	CREF Social Choice R1	Mutual Funds	688,112
	LeggM WstrAs CorPls Bond I	Mutual Funds	491,814
	Fidelity FreeIndx 2045 Inst Prm	Mutual Funds	331,600
	Fidelity FreeIndx 2035 Inst Prm	Mutual Funds	319,954
	Fidelity FreeIndx 2030 Inst Prm	Mutual Funds	295,451
	Fidelity Small Cap Index	Mutual Funds	293,630
	Fidelity FreeIndx 2040 Inst Prm	Mutual Funds	228,959
	CREF Global Equities R1	Mutual Funds	115,025
	Fidelity FreeIndx 2025 Inst Prm	Mutual Funds	109,209
	CREF Growth R1	Mutual Funds	93,685
	Fidelity FreeIndx 2050 Inst Prm	Mutual Funds	84,382
	Black Rock Mid Cap Growth Equity Inst	Mutual Funds	78,517
	CREF Core Bond R1	Mutual Funds	72,209
	TIAA Access Lifecycle 2045 T4	Mutual Funds	67,358
	CREF Stock R1	Mutual Funds	66,067
	TIAA Access Lifecycle 2035 T4	Mutual Funds	65,542
	Fidelity FreeIndx 2055 Inst Prm	Mutual Funds	64,209
	Fidelity Inflation Protected Bond Index	Mutual Funds	62,183
	TIAA Plan Loan Default Fund	Guaranteed Investment Contract	49,658
	Amercian Funds New World R6	Mutual Funds	42,399
	TIAA Access Social Choice Equity T4	Mutual Funds	42,115
	Fidelity Mid Cap Index	Mutual Funds	42,055
	TIAA Real Estate	Pooled Separate Account	39,643
	Calvert Balanced I	Mutual Funds	38,070
	Fidelity FreeIndx 2020 Inst Prm	Mutual Funds	33,545
	Fidelity FreeIndx 2010 Inst Prm	Mutual Funds	33,452
	TIAA Access International Equity T4	Mutual Funds	32,974
	MFS Mid Cap Value R6	Mutual Funds	29,914
	CREF Equity Index R1	Mutual Funds	26,789

Supplementary Information
See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		CREF Inflation-Linked Bond R1		Mutual Funds		21,714
		TIAA Access Growth & Income T4		Mutual Funds		20,521
		Franklin Small Call Value Adv		Mutual Funds		18,857
		Vanguard ST Treasury Adml		Mutual Funds		18,064
		PIMCO Intl Bond Hedge Inst		Mutual Funds		15,433
		Fidelity FreeIndx 2060 Inst Prm		Mutual Funds		14,826
		TIAA Access Small-Cap Balanced Index T4		Mutual Funds		14,374
		TIAA Access Large-Cap Value T4		Mutual Funds		13,190
		TIAA Access Core Bond Plus T4		Mutual Funds		13,038
		Calvert Bond I		Mutual Funds		11,237
		Goldman Sachs GQG Partner International		Mutual Funds		8,853
		DodgeCox International Stock I		Mutual Funds		8,766
		DFA Emerging Market Cor Equ Inst		Mutual Funds		8,481
		TIAA Access Equity Index T4		Mutual Funds		8,380
		PGIM Total Return Bond R6		Mutual Funds		8,315
		Avnts US Large Cap Value Inst		Mutual Funds		7,977
		NW Loomis AllCap Growth R6		Mutual Funds		7,952
		TIAA Access Large-Cap Growth T4		Mutual Funds		7,697
		Fidelity International Index		Mutual Funds		7,600
		JPMorgan Equity Income R5		Mutual Funds		7,129
		JPMorgan Large Cap Growth R6		Mutual Funds		6,914
		Fidelity US Bond Index		Mutual Funds		6,543
		Impax Global Environment Mkt Inst		Mutual Funds		6,387
		TIAA Access Mid-Cap Value T4		Mutual Funds		6,002
		Black Rock High Yield Bond Port K		Mutual Funds		5,700
		PIMCO Real Return Inst		Mutual Funds		5,487
		Principal Global Real Estate R6		Mutual Funds		4,864
		Fed Hrms Gov Obligations Prmr		Mutual Funds		4,783
		Black Rock Total Rtn K		Mutual Funds		4,320
		Diamond Hill Mid Cap I		Mutual Funds		4,072
		PIMCO Commodity Real Return StratInst		Mutual Funds		4,014
		Vanguard Target Retirement 2060 Inv		Mutual Funds		3,957
		Fidelity FreeIndx 2015 Inst Prm		Mutual Funds		3,847
		AB Global Bond I		Mutual Funds		3,828
		TIAA Access Mid-Cap Growth T4		Mutual Funds		3,740
		TIAA Access Real Estate Securities T4		Mutual Funds		3,467
		Black Rock Strategic Inc Opp I		Mutual Funds		2,452
		Vanguard Explorer Adml		Mutual Funds		2,133
		Avnts US Small Cap Value Inst		Mutual Funds		2,112

Supplementary Information
See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		LeggM ClrBrdg Intl Growth I		Mutual Funds		1,934
		TIAA Access Quant Sml Cp Eq T4		Mutual Funds		1,854
		TIAA Access Lifecycle Retirement Income T4		Mutual Funds		1,679
		TIAA Access Lifecycle 2010 T4		Mutual Funds		563
		Fidelity FreeIndx 2065 Inst Prm		Mutual Funds		405
		PGIM High Yield R6		Mutual Funds		21
						<u>19,332,502</u>
*		Notes receivable from participants		4.25%		<u>19,481</u>
						<u>\$ 19,351,983</u>

(a) represents party-in-interest

Column (d) cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to their account.

Supplementary Information
See independent auditor's report.

CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Interest-bearing cash		Cash and Cash Equivalents		501,492
		Investments:				
		Vanguard FTSE Soc Index Adml		Mutual Funds		3,704,472
		Fidelity 500 Index		Mutual Funds		3,664,084
		Franklin DynaTech Adv		Mutual Funds		1,549,640
		Putnam Large Cap Value Y		Mutual Funds		1,367,897
		TIAA Traditional Non Benefit Responsive		Guaranteed Interest Account		1,285,343
		TIAA Traditional Benefit Responsive		Guaranteed Investment Contract		809,663
		Vanguard Intermediate Term Bond IndxAdml		Mutual Funds		744,738
		DFA Real Estate Sec		Mutual Funds		739,354
		Black Rock iSMSCIEAFEInt Ind		Mutual Funds		693,817
		CREF Social Choice R1		Mutual Funds		688,112
		LeggM WstrAs CorPls Bond I		Mutual Funds		491,814
		Fidelity FreeIndx 2045 Inst Prm		Mutual Funds		331,600
		Fidelity FreeIndx 2035 Inst Prm		Mutual Funds		319,954
		Fidelity FreeIndx 2030 Inst Prm		Mutual Funds		295,451
		Fidelity Small Cap Index		Mutual Funds		293,630
		Fidelity FreeIndx 2040 Inst Prm		Mutual Funds		228,959
		CREF Global Equities R1		Mutual Funds		115,025
		Fidelity FreeIndx 2025 Inst Prm		Mutual Funds		109,209
		CREF Growth R1		Mutual Funds		93,685
		Fidelity FreeIndx 2050 Inst Prm		Mutual Funds		84,382
		Black Rock Mid Cap Growth Equity Inst		Mutual Funds		78,517
		CREF Core Bond R1		Mutual Funds		72,209
		TIAA Access Lifecycle 2045 T4		Mutual Funds		67,358
		CREF Stock R1		Mutual Funds		66,067
		TIAA Access Lifecycle 2035 T4		Mutual Funds		65,542
		Fidelity FreeIndx 2055 Inst Prm		Mutual Funds		64,209
		Fidelity Inflation Protected Bond Index		Mutual Funds		62,183
		TIAA Plan Loan Default Fund		Guaranteed Investment Contract		49,658
		Amercian Funds New World R6		Mutual Funds		42,399
		TIAA Access Social Choice Equity T4		Mutual Funds		42,115
		Fidelity Mid Cap Index		Mutual Funds		42,055
		TIAA Real Estate		Pooled Separate Account		39,643
		Calvert Balanced I		Mutual Funds		38,070
		Fidelity FreeIndx 2020 Inst Prm		Mutual Funds		33,545
		Fidelity FreeIndx 2010 Inst Prm		Mutual Funds		33,452
		TIAA Access International Equity T4		Mutual Funds		32,974
		MFS Mid Cap Value R6		Mutual Funds		29,914
		CREF Equity Index R1		Mutual Funds		26,789

Supplementary Information
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CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		CREF Inflation-Linked Bond R1		Mutual Funds		21,714
		TIAA Access Growth & Income T4		Mutual Funds		20,521
		Franklin Small Call Value Adv		Mutual Funds		18,857
		Vanguard ST Treasury Adml		Mutual Funds		18,064
		PIMCO Intl Bond Hedge Inst		Mutual Funds		15,433
		Fidelity FreeIndx 2060 Inst Prm		Mutual Funds		14,826
		TIAA Access Small-Cap Balanced Index T4		Mutual Funds		14,374
		TIAA Access Large-Cap Value T4		Mutual Funds		13,190
		TIAA Access Core Bond Plus T4		Mutual Funds		13,038
		Calvert Bond I		Mutual Funds		11,237
		Goldman Sachs GQG Partner International		Mutual Funds		8,853
		DodgeCox International Stock I		Mutual Funds		8,766
		DFA Emerging Market Cor Equ Inst		Mutual Funds		8,481
		TIAA Access Equity Index T4		Mutual Funds		8,380
		PGIM Total Return Bond R6		Mutual Funds		8,315
		Avnts US Large Cap Value Inst		Mutual Funds		7,977
		NW Loomis AllCap Growth R6		Mutual Funds		7,952
		TIAA Access Large-Cap Growth T4		Mutual Funds		7,697
		Fidelity International Index		Mutual Funds		7,600
		JPMorgan Equity Income R5		Mutual Funds		7,129
		JPMorgan Large Cap Growth R6		Mutual Funds		6,914
		Fidelity US Bond Index		Mutual Funds		6,543
		Impax Global Environment Mkt Inst		Mutual Funds		6,387
		TIAA Access Mid-Cap Value T4		Mutual Funds		6,002
		Black Rock High Yield Bond Port K		Mutual Funds		5,700
		PIMCO Real Return Inst		Mutual Funds		5,487
		Principal Global Real Estate R6		Mutual Funds		4,864
		Fed Hrms Gov Obligations Prmr		Mutual Funds		4,783
		Black Rock Total Rtn K		Mutual Funds		4,320
		Diamond Hill Mid Cap I		Mutual Funds		4,072
		PIMCO Commodity Real Return StratInst		Mutual Funds		4,014
		Vanguard Target Retirement 2060 Inv		Mutual Funds		3,957
		Fidelity FreeIndx 2015 Inst Prm		Mutual Funds		3,847
		AB Global Bond I		Mutual Funds		3,828
		TIAA Access Mid-Cap Growth T4		Mutual Funds		3,740
		TIAA Access Real Estate Securities T4		Mutual Funds		3,467
		Black Rock Strategic Inc Opp I		Mutual Funds		2,452
		Vanguard Explorer Adml		Mutual Funds		2,133
		Avnts US Small Cap Value Inst		Mutual Funds		2,112

Supplementary Information
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CENTER FOR BIOLOGICAL DIVERSITY 403(b) DC PLAN

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

EIN: 27-3943866

Plan #001

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		LeggM ClrBrdg Intl Growth I		Mutual Funds		1,934
		TIAA Access Quant Sml Cp Eq T4		Mutual Funds		1,854
		TIAA Access Lifecycle Retirement Income T4		Mutual Funds		1,679
		TIAA Access Lifecycle 2010 T4		Mutual Funds		563
		Fidelity FreeIndx 2065 Inst Prm		Mutual Funds		405
		PGIM High Yield R6		Mutual Funds		21
						19,332,502
*		Notes receivable from participants		4.25%		19,481
					\$	19,351,983

(a) represents party-in-interest

Column (d) cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to their account.

Supplementary Information
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