

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1990
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) UNION OF CONCERNED SCIENTISTS, INC. TWO BRATTLE SQUARE CAMBRIDGE, MA 02238-9105
2b	Employer Identification Number (EIN) 04-2535767
2c	Plan Sponsor's telephone number 617-547-5552
2d	Business code (see instructions) 541700

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.	10/11/2024	HUMPHREYS MUNAI
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 424
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 215 6a(2) 218 6b 0 6c 246 6d 464 6e 0 6f 464 6g(1) 419 6g(2) 441 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 2
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

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

(a) Name of insurance carrier
TIAA CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	387357	236	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

(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	2371600
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	26782940

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

Specify nature of costs ▶

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

1074577

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

61631

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

94522

(4) Transferred from separate account.....

7c(4)

242

(5) Other (specify below)

7c(5)

1209914

▶ TRANSFER FROM CONTRACT 387358

(6) Total additions.....

7c(6)

1366309

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

2440886

e Deductions:

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

7e(1)

69043

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

244

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

69287

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

2371599

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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

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

(a) Name of insurance carrier TIAA CREF					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	387358	0	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

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

1209914

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

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

1209914

e Deductions:

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

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

1209914

▶ TRANSFERRED TO CONTRACT 387357

(5) Total deductions.....

7e(5)

1209914

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

0

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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	NONE	4366	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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?
37 64 65	NONE	175	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.	D Employer Identification Number (EIN) 04-2535767	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	670279	647553
(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)	43205	35075
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	649613	597191
(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)	44894485	54201158
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2284491	2371600
(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	48542073	57852577
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	48542073	57852577

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)	1555493	
(B) Participants	2a(1)(B)	2017921	
(C) Others (including rollovers)	2a(1)(C)	501272	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4074686
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30220	
(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)	2363	
(F) Other	2b(1)(F)	94522	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		127105
(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)	799290	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		799290
(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)		
(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)		

		(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)		-89861
(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)		8556803
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13468023

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4144930	
(2) To insurance carriers for the provision of benefits.....	2e(2)	8047	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4152977
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	100	
(3) Recordkeeping fees.....	2i(3)	4442	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4542
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4157519

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9310504
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: **CBIZ CPAS P.C.**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UNION OF CONCERNED SCIENTISTS, INC. 403B PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNION OF CONCERNED SCIENTISTS, INC.		D Employer Identification Number (EIN) 04-2535767
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 24
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) 2023 v. 230707		

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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500493A</u> .	



**Financial Statements
and Supplemental Schedule**

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

December 31, 2023 and 2022

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

Financial Statements and Supplemental Schedule

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Independent Auditors' Report

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

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

We were engaged to perform the audits of the financial statements of the Union of Concerned Scientists, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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



Basis for Disclaimer of Opinion

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

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements. We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

¹ In certain jurisdictions, CBIZ CPAs P.C. operates under its previous name, Mayer Hoffman McCann P.C.



Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedule.

CBIZ CPAs P.C.¹

Boston, Massachusetts
October 7, 2024

¹ In certain jurisdictions, CBIZ CPAs P.C. operates under its previous name, Mayer Hoffman McCann P.C.

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

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	2023	2022
Investments, at fair value	\$ 56,564,483	\$ 47,288,954
Fully benefit-responsive investment contracts, at contract value	<u>1,253,019</u>	<u>1,209,914</u>
Total investments	<u>57,817,502</u>	<u>48,498,868</u>
Receivables:		
Notes receivable from participants	<u>35,075</u>	<u>43,205</u>
Net assets available for benefits	<u>\$ 57,852,577</u>	<u>\$ 48,542,073</u>

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 8,466,943
Interest and dividends	<u>924,031</u>

Total investment income	<u>9,390,974</u>
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Interest income on notes receivable from participants	<u>2,363</u>
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Contributions:

Employer	1,555,493
Participant deferrals	2,017,921
Participant rollovers	<u>501,272</u>

Total contributions	<u>4,074,686</u>
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Total additions to net assets	<u>13,468,023</u>
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Deductions from net assets attributed to:

Benefits paid to participants	4,152,977
Administrative fees	<u>4,542</u>

Total deductions from net assets	<u>4,157,519</u>
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Net increase in net assets available for benefits	<u>9,310,504</u>
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Net assets available for benefits, beginning of year	<u>48,542,073</u>
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Net assets available for benefits, end of year	<u>\$ 57,852,577</u>
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UNION OF CONCERNED SCIENTISTS, INC. 403(b) PLAN

Notes to Financial Statements

Note 1 - Description of Plan

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

General

The Plan is a 403(b) defined contribution plan covering all employees of Union of Concerned Scientists, Inc. (the “Employer”) that was most recently amended and restated in 2019. Participants become eligible upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). All investments are participant-directed.

Elective Participant Contributions

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

Employer Contributions

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

Participant Accounts

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

Vesting

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

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

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Payment of Benefits

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

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

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of the balance of their employee elective contribution accounts. The loans are secured by the balance in the Participant's account. Loan terms are generally up to five years (or longer for the purchase of a primary residence) and bear interest at prime plus 1%. Participants are limited to a maximum of three loans outstanding at a time. At December 31, 2023 and 2022, there were \$35,075 and \$43,205, respectively, of notes receivable from participants outstanding. Principal and interest are paid by the participant directly to TIAA and Fidelity.

Plan Loans

Through 2022, participants were allowed to take loans directly from TIAA and CREF secured by the participant's balance in the TIAA Traditional Fund. To secure Plan loans, TIAA and CREF transfers 110% of the loan amount from the participant's account to a retirement loan contract within the Plan in the participant's name in the event of default. These loans bear interest at a rate determined by TIAA and CREF. These loans are not plan assets and totaled \$2,320 and \$5,507 at December 31, 2023 and 2022, respectively, with interest rates of 5.02%. Principal and interest are paid by the participant directly to TIAA.

Plan Administration

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

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

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

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

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

Investments, Investment Valuation and Income Recognition

Investments other than fully benefit-responsive investment contracts (valued at contract value) are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

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

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

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Unit Values

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

Benefits Paid

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

Use of Estimates

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

Subsequent Events

The Employer has evaluated subsequent events through October 7, 2024, the date the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

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

Notes to Financial Statements

Note 3 - Investments Certified by the Custodian and Insurance Company

Investments are held by the Plan's insurance company and custodian, TIAA and CREF and Fidelity Management Trust Company ("Fidelity") who have certified to the fair and contract value of investments as of December 31, 2023 and 2022, and all investment transactions for the year ended December 31, 2023. Investment transactions include interest and dividend income and net appreciation in value of investments. Information included in the supplemental Schedule of Assets (Held at End of Year) and notes receivable from participants have also been derived from information certified by the custodian and insurance company.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

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

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

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual Funds

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

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

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

TIAA Real Estate Account

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

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

TIAA Traditional Annuity

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

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

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claim-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. For accumulating GRA contracts, the crediting interest rate was 6.50% and 6.60% as of December 31, 2023 and 2022, respectively.

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

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

TIAA Traditional Annuity (Continued)

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

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

CREF Variable Annuities and TIAA Access Funds

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

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

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

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

Description	Investments at Fair Value as of December 31, 2023			
	Level I	Level II	Level III	Total
Mutual funds	\$ 28,662,960	\$ -	\$ -	\$ 28,662,960
Fixed rate annuities	<u>-</u>	<u>-</u>	<u>1,118,581</u>	<u>1,118,581</u>
Total assets in the fair value hierarchy	\$ <u>28,662,960</u>	\$ <u>-</u>	\$ <u>1,118,581</u>	\$ 29,781,541
Investments measured at NAV practical expedient (a)				<u>26,782,942</u>
Total investments at fair value				\$ <u>56,564,483</u>

Description	Investments at Fair Value as of December 31, 2022			
	Level I	Level II	Level III	Total
Mutual funds	\$ 23,663,814	\$ -	\$ -	\$ 23,663,814
Fixed rate annuities	<u>-</u>	<u>-</u>	<u>1,074,577</u>	<u>1,074,577</u>
Total assets in the fair value hierarchy	\$ <u>23,663,814</u>	\$ <u>-</u>	\$ <u>1,074,577</u>	\$ 24,738,391
Investments measured at NAV practical expedient (a)				<u>22,550,563</u>
Total investments at fair value				\$ <u>47,288,954</u>

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

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

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

For the years ended December 31, 2023 and 2022, there were purchases of \$20,873 and \$26,581, respectively. There were no transfers in or out of Level III for the year ended December 31, 2023.

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

The following table as of December 31, 2023 and 2022 represents the Plan's Level III financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs.

<u>Description</u>	<u>12/31/2023 Fair Value</u>	<u>12/31/2022 Fair Value</u>	<u>Principal Valuation Techniques</u>	<u>Unobservable Inputs</u>
TIAA Traditional - Fixed Rate Annuity	\$ 1,118,581	\$ 1,074,577	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied

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

Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table summarizes investments for which fair value is based on NAV per share as of December 31, 2023 and 2022, respectively. There are no participant redemption restrictions for these investments.

<u>Investments</u>	<u>Fair Value 12/31/2023</u>	<u>Fair Value 12/31/2022</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Variable Rate Annuities	\$ 26,185,751	\$ 21,900,949	\$ -	Daily	1 day
Pooled Separate Accounts	597,191	649,614	-	Quarterly	1 day
Total	\$ 26,782,942	\$ 22,550,563	\$ -		

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

Notes to Financial Statements

Note 6 - Fully Benefit-Responsive Investment Contracts

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

TIAA Traditional Annuity

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

The total contract value of the TIAA Traditional (GSRA) fully benefit-responsive investment contracts at December 31, 2023 and 2022 was \$1,253,019 and \$1,209,914, respectively. For accumulating GSRA contracts, the crediting interest rate was 5.75% and 5.85% as of December 31, 2023 and 2022, respectively.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Note 7 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events such as international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Notes to Financial Statements

Note 8 - Plan Termination

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

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

Plan investments are managed by TIAA and CREF and Fidelity. TIAA and CREF and Fidelity are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. For the year ended December 31, 2023, the Plan made a direct payment to the custodians of \$4,542 which was not covered by revenue sharing. Notes receivable from participants also qualify as exempt party-in-interest transactions.

Note 10 - Tax Status

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

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

Note 11 - Orphan Contracts

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

Supplemental Schedule

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

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

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

December 31, 2023

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA Traditional	Benefit-Responsive Fixed Rate Annuities	\$	1,253,019
*	TIAA Traditional	Non Benefit-Responsive Fixed Rate Annuities		1,118,581
*	TIAA Real Estate	Pooled Separate Account		597,191
*	CREF Social Choice R1	Variable Annuity		4,890,584
*	TIAA Access T-C LifCyc 2040 T4	Variable Annuity		2,110,188
*	TIAA Access T-C LifCyc 2045 T4	Variable Annuity		2,041,205
*	CREF Growth R1	Variable Annuity		1,821,163
*	TIAA Access T-C LifCyc 2050 T4	Variable Annuity		1,770,030
*	CREF Equity Index R1	Variable Annuity		1,745,352
*	TIAA Access T-C Socl Chc Eq T4	Variable Annuity		1,595,723
*	CREF Global Equities R1	Variable Annuity		1,485,059
*	CREF Stock R1	Variable Annuity		1,452,900
*	TIAA Access T-C LifCyc 2030 T4	Variable Annuity		1,385,963
*	TIAA Access T-C LifCyc 2020 T4	Variable Annuity		1,166,879
*	CREF Money Market R1	Variable Annuity		691,867
*	TIAA Access T-C LifCyc 2055 T4	Variable Annuity		616,083
*	TIAA Access T-C LifCyc 2025 T4	Variable Annuity		609,941
*	CREF Core Bond R1	Variable Annuity		491,487
*	TIAA Access T-C LifCyc 2035 T4	Variable Annuity		482,505
*	TIAA Access T-C LifCyc 2015 T4	Variable Annuity		317,634
*	TIAA Access T-C Intl Equity T4	Variable Annuity		243,124
*	TIAA Access T-C LifCyc 2060 T4	Variable Annuity		241,397
*	TIAA Access T-C Mid Cap Grw T4	Variable Annuity		137,139
*	TIAA Access T-C Lrg Cap Val T4	Variable Annuity		135,431
*	TIAA Access T-C RI Est Sec T4	Variable Annuity		131,691
*	TIAA Access T-C Sm Cp Bl Ix T4	Variable Annuity		127,080
*	TIAA Access T-C Mid Cap Val T4	Variable Annuity		119,802
*	CREF Inflation-Linked Bond R1	Variable Annuity		114,642
*	TIAA Access T-C Lrg Cap Gr T4	Variable Annuity		112,482
*	TIAA Access T-C Sml Cap Eq T4	Variable Annuity		76,912
*	TIAA Access T-C Grw & Inc T4	Variable Annuity		56,199
*	TIAA Access T-C Bond Plus T4	Variable Annuity		8,627
*	TIAA Access T-C Equity Idx T4	Variable Annuity		5,432
*	TIAA Access T-C LifCyc 2010 T4	Variable Annuity		1,230
*	FID 500 INDEX	Mutual Fund		2,871,197
*	FID CONTRAFUND	Mutual Fund		2,200,418
*	FID GROWTH COMPANY	Mutual Fund		1,335,859
*	FID BLUE CHIP GR	Mutual Fund		1,267,525
*	FID FREEDOM 2025 K	Mutual Fund		1,117,354
*	FID FREEDOM 2040 K	Mutual Fund		1,082,356
*	FID TOTAL MKT IDX	Mutual Fund		965,330
*	FID FREEDOM 2050 K	Mutual Fund		859,422
*	FID DISCIPLND EQTY	Mutual Fund		825,953
*	FID FREEDOM 2055 K	Mutual Fund		790,335
*	FID BALANCED	Mutual Fund		669,368
*	FID FREEDOM 2030 K	Mutual Fund		657,924
*	FID TOTAL BOND	Mutual Fund		655,728
*	FID INTL DISCOVERY	Mutual Fund		528,383

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

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

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

December 31, 2023

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*	FID FREEDOM 2045 K	Mutual Fund		493,303
*	FID INTL INDEX	Mutual Fund		490,767
*	FID OTC PORTFOLIO	Mutual Fund		473,520
*	FID FDM IDX 2045 IPR	Mutual Fund		467,401
*	FID US BOND IDX	Mutual Fund		448,968
*	FID EQUITY INC	Mutual Fund		398,296
*	FID LOW PRICED STK	Mutual Fund		385,416
*	FID MAGELLAN	Mutual Fund		334,168
*	FID PURITAN	Mutual Fund		329,409
*	FID DIVERSIFD INTL	Mutual Fund		328,478
*	FID MID CAP IDX	Mutual Fund		322,164
*	FID US SUSTN IDX	Mutual Fund		280,135
*	FID MID CAP STOCK	Mutual Fund		268,318
*	FID SEL RETAILING	Mutual Fund		260,662
*	FID GOV CASH RESERVE	Mutual Fund		255,832
*	FID DIVIDEND GR	Mutual Fund		250,757
*	FID SM CAP IDX	Mutual Fund		250,200
*	FID BLUE CHIP VALUE	Mutual Fund		248,546
*	FID SEL ENT TECH SVC	Mutual Fund		224,614
*	FID GOVT MMRK PRM	Mutual Fund		214,655
*	FID SM CAP DISCOVERY	Mutual Fund		211,354
*	FID CAPITAL & INCOME	Mutual Fund		196,954
*	FID FREEDOM 2035 K	Mutual Fund		196,772
*	FID FDM IDX 2055 IPR	Mutual Fund		190,417
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*	FID GOVT MMKT	Mutual Fund		177,065
*	FID EMERGING MKTS	Mutual Fund		169,856
*	FID SEL TEC HARDWARE	Mutual Fund		163,810
*	FID NASDAQ COMP INDX	Mutual Fund		162,436
*	FID GLB EX US IDX	Mutual Fund		161,123
*	FID GROWTH & INC	Mutual Fund		147,720
*	FID REAL ESTATE INC	Mutual Fund		147,114
*	FID STKSEL LGCAP VAL	Mutual Fund		143,090
*	FID INTERMED BOND	Mutual Fund		141,080
*	FID EQ DIV INCOME	Mutual Fund		139,476
*	FID VALUE	Mutual Fund		123,836
*	FID SEL SOFTWARE	Mutual Fund		121,984
*	FID NEW MILLEN	Mutual Fund		115,635
*	FID FOCUSED STOCK	Mutual Fund		109,300
*	FID REAL ESTATE IDX	Mutual Fund		107,440
*	FID ENV ALT ENERGY	Mutual Fund		104,331
*	FID STK SEL MID CAP	Mutual Fund		102,190
*	FID ASSET MGR 85%	Mutual Fund		97,781
*	FID ST TR BD IDX	Mutual Fund		92,387

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

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

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December 31, 2023

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	FID SMALL CAP GROWTH	Mutual Fund	\$	90,753
*	FID GNMA	Mutual Fund		89,838
*	FID HIGH INCOME	Mutual Fund		83,717
*	FID JAPAN SMALL CO	Mutual Fund		80,748
*	FID STRATEGIC INCOME	Mutual Fund		79,589
*	FID FDM IDX 2060 IPR	Mutual Fund		71,343
*	FID FDM IDX 2020 IPR	Mutual Fund		69,185
*	FID INTM TR BD IDX	Mutual Fund		64,232
*	FID WORLDWIDE	Mutual Fund		63,386
*	FID REAL ESTATE INVS	Mutual Fund		62,112
*	FID STK SEL SM CAP	Mutual Fund		59,325
*	FID SEL TECHNOLOGY	Mutual Fund		58,881
*	FID EMRG MKTS IDX	Mutual Fund		58,601
*	FID MID CAP VALUE	Mutual Fund		56,772
*	FID SEL SEMICONDUCT	Mutual Fund		55,981
*	FID SHORT TERM BOND	Mutual Fund		51,956
*	FID LT TR BD IDX	Mutual Fund		51,389
*	FID INFL PR BD IDX	Mutual Fund		51,207
*	FID NATURAL RES	Mutual Fund		51,035
*	FID EUROPE	Mutual Fund		49,834
*	FID FREEDOM 2065 K	Mutual Fund		47,160
*	FID OVERSEAS	Mutual Fund		46,485
*	FID MULTI ASSET IDX	Mutual Fund		44,282
*	FID CAPITAL APPREC	Mutual Fund		33,255
*	FID PACIFIC BASIN	Mutual Fund		32,148
*	FID SEL HEALTHCARE	Mutual Fund		31,940
*	FID TOTAL INTL EQ	Mutual Fund		31,439
*	FID INTL GROWTH	Mutual Fund		30,453
*	FID INTL SUSTN IDX	Mutual Fund		29,636
*	FID SEL BIOTECH	Mutual Fund		28,642
*	FID ASSET MGR 70%	Mutual Fund		28,103
*	FID EMERGING ASIA	Mutual Fund		25,485
*	FID FDM IDX 2040 IPR	Mutual Fund		24,171
*	FID SEL MATERIALS	Mutual Fund		23,851
*	FID ASSET MGR 30%	Mutual Fund		23,308
*	FID NEW MARKETS INC	Mutual Fund		18,645
*	FID SMALL CAP VALUE	Mutual Fund		17,893
*	FID SEL WIRELESS	Mutual Fund		16,659
*	FID ASSET MGR 50%	Mutual Fund		16,287
*	FID FREEDOM 2005 K	Mutual Fund		15,899
*	FID INTL CAP APPREC	Mutual Fund		15,316
*	FID SEL COMM SERV	Mutual Fund		15,238

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

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*	FID FDM IDX 2050 IPR	Mutual Fund	\$	14,630
*	FID ASSET MGR 60%	Mutual Fund		13,635
*	FID SEL ENERGY	Mutual Fund		13,276
*	FID FLOAT RT HI INC	Mutual Fund		12,790
*	FID GROWTH DISC	Mutual Fund		10,979
*	FID TELECOM & UTIL	Mutual Fund		10,921
*	FID SEL INDUSTRIALS	Mutual Fund		10,905
*	FID GROWTH STRAT	Mutual Fund		10,450
*	FID CHINA REGION	Mutual Fund		10,326
*	FID TREND	Mutual Fund		9,702
*	FID SEL AUTOMOTIVE	Mutual Fund		9,312
*	FID SEL HTH CARE SVC	Mutual Fund		9,093
*	FID FDM IDX 2035 IPR	Mutual Fund		7,285
*	FID SEL LEISURE	Mutual Fund		6,147
*	FID SEL TELECOMM	Mutual Fund		6,068
*	FIDELITY GOVT INCOME	Mutual Fund		4,297
*	FID INTL SMALL CAP	Mutual Fund		4,189
*	FID SEL GOLD	Mutual Fund		3,820
*	FID EMERG MKTS DISC	Mutual Fund		3,621
*	FID FREEDOM 2015 K	Mutual Fund		3,345
*	FID SEL CONSTR/HOUSE	Mutual Fund		3,024
*	FID MEGA CAP STOCK	Mutual Fund		2,619
*	FID VALUE DISCOV	Mutual Fund		2,590
*	FID FIDELITY FUND	Mutual Fund		2,389
*	FID LATIN AMERICA	Mutual Fund		1,530
*	FID SEL PHARMACEUTCL	Mutual Fund		1,402
*	FID SEL DEFENSE	Mutual Fund		1,310
*	FID SMALL CAP STOCK	Mutual Fund		1,114
*	FID SEL TRANSPORT	Mutual Fund		957
*	FID SEL MED TECH&DV	Mutual Fund		601
*	FID SEL UTILITIES	Mutual Fund		509
*	FID SEL CONS STAPLES	Mutual Fund		412
*	FID CONSV INC BD	Mutual Fund		286
*	Participant Loans	Loans (4.25%-6.5%)	-0-	35,075
				\$ 57,852,577

* Party-in-interest as defined by ERISA.

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

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

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*	FID REAL ESTATE IDX	Mutual Fund		107,440
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*	FID ASSET MGR 85%	Mutual Fund		97,781
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*	FID HIGH INCOME	Mutual Fund		83,717
*	FID JAPAN SMALL CO	Mutual Fund		80,748
*	FID STRATEGIC INCOME	Mutual Fund		79,589
*	FID FDM IDX 2060 IPR	Mutual Fund		71,343
*	FID FDM IDX 2020 IPR	Mutual Fund		69,185
*	FID INTM TR BD IDX	Mutual Fund		64,232
*	FID WORLDWIDE	Mutual Fund		63,386
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*	FID EUROPE	Mutual Fund		49,834
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*	FID SEL MATERIALS	Mutual Fund		23,851
*	FID ASSET MGR 30%	Mutual Fund		23,308
*	FID NEW MARKETS INC	Mutual Fund		18,645
*	FID SMALL CAP VALUE	Mutual Fund		17,893
*	FID SEL WIRELESS	Mutual Fund		16,659
*	FID ASSET MGR 50%	Mutual Fund		16,287
*	FID FREEDOM 2005 K	Mutual Fund		15,899
*	FID INTL CAP APPREC	Mutual Fund		15,316
*	FID SEL COMM SERV	Mutual Fund		15,238

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

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

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

December 31, 2023

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	FID FDM IDX 2050 IPR	Mutual Fund	\$	14,630
*	FID ASSET MGR 60%	Mutual Fund		13,635
*	FID SEL ENERGY	Mutual Fund		13,276
*	FID FLOAT RT HI INC	Mutual Fund		12,790
*	FID GROWTH DISC	Mutual Fund		10,979
*	FID TELECOM & UTIL	Mutual Fund		10,921
*	FID SEL INDUSTRIALS	Mutual Fund		10,905
*	FID GROWTH STRAT	Mutual Fund		10,450
*	FID CHINA REGION	Mutual Fund		10,326
*	FID TREND	Mutual Fund		9,702
*	FID SEL AUTOMOTIVE	Mutual Fund		9,312
*	FID SEL HTH CARE SVC	Mutual Fund		9,093
*	FID FDM IDX 2035 IPR	Mutual Fund		7,285
*	FID SEL LEISURE	Mutual Fund		6,147
*	FID SEL TELECOMM	Mutual Fund		6,068
*	FIDELITY GOVT INCOME	Mutual Fund		4,297
*	FID INTL SMALL CAP	Mutual Fund		4,189
*	FID SEL GOLD	Mutual Fund		3,820
*	FID EMERG MKTS DISC	Mutual Fund		3,621
*	FID FREEDOM 2015 K	Mutual Fund		3,345
*	FID SEL CONSTR/HOUSE	Mutual Fund		3,024
*	FID MEGA CAP STOCK	Mutual Fund		2,619
*	FID VALUE DISCOV	Mutual Fund		2,590
*	FID FIDELITY FUND	Mutual Fund		2,389
*	FID LATIN AMERICA	Mutual Fund		1,530
*	FID SEL PHARMACEUTCL	Mutual Fund		1,402
*	FID SEL DEFENSE	Mutual Fund		1,310
*	FID SMALL CAP STOCK	Mutual Fund		1,114
*	FID SEL TRANSPORT	Mutual Fund		957
*	FID SEL MED TECH&DV	Mutual Fund		601
*	FID SEL UTILITIES	Mutual Fund		509
*	FID SEL CONS STAPLES	Mutual Fund		412
*	FID CONSV INC BD	Mutual Fund		286
*	Participant Loans	Loans (4.25%-6.5%)	-0-	35,075
				\$ 57,852,577

* Party-in-interest as defined by ERISA.