

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] 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: CSPI 403B PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): CENTER FOR SCIENCE IN THE PUBLIC INTEREST
2b Employer Identification Number (EIN): 23-7122879
2c Plan Sponsor's telephone number: 202-777-8303
2d Business code (see instructions): 541990

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 CENTER FOR SCIENCE IN THE PUBLIC INTEREST c Plan Name CENTER FOR SCIENCE IN THE PUBLIC INTEREST RETIREMENT AND EMPLOYEE SAVINGS PLAN	4b EIN 23-7122879	
	4d PN 001	
5 Total number of participants at the beginning of the plan year	5	147
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)	72
	6a(2)	84
	6b	0
	6c	2
	6d	86
	6e	0
	6f	86
	6g(1)	132
6g(2)	76	
6h	2	
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 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CSPI 403B PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR SCIENCE IN THE PUBLIC INTEREST		D Employer Identification Number (EIN) 23-7122879

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.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(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
35-0145825	60895	G77426	64	05/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	4010795
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1) 1091
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 829
	(4) Transferred from separate account	7c(4) 472
	(5) Other (specify below)..... ▶ TRANSFER FROM OUTSIDE SOURCE	7c(5) 3380150
	(6) Total additions	7c(6) 3382542
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3382542
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 0
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 3382542
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 3382542	
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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan CSPI 403B PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR SCIENCE IN THE PUBLIC INTEREST</p>	<p>D Employer Identification Number (EIN) 23-7122879</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(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
35-0472300	65676	CR22635	15	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid 3185</p>	<p>(b) Total amount of fees paid 0</p>
--	--

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
OSAIC FA INC. 18700 N HAYDEN RD SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3185	0	N/A	4

(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	

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	(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	448799																					
5	Current value of plan's interest under this contract in separate accounts at year end.....	633052																					
6	Contracts With Allocated Funds:																						
a	State the basis of premium rates ▶																						
b	Premiums paid to carrier	6b																					
c	Premiums due but unpaid at the end of the year	6c																					
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d																					
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																						
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																						
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																						
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND																						
b	Balance at the end of the previous year	7b 626123																					
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Contributions deposited during the year</td> <td style="width:20%; text-align: right;">7c(1)</td> <td style="width:30%; text-align: right;">0</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: right;">7c(3)</td> <td style="text-align: right;">21902</td> </tr> <tr> <td>(4) Transferred from separate account</td> <td style="text-align: right;">7c(4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(5) Other (specify below)..... ▶</td> <td style="text-align: right;">7c(5)</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(6) Total additions</td> <td style="text-align: right;">7c(6)</td> <td style="text-align: right;">21902</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	0	(2) Dividends and credits.....	7c(2)	0	(3) Interest credited during the year.....	7c(3)	21902	(4) Transferred from separate account	7c(4)	0	(5) Other (specify below)..... ▶	7c(5)	0				(6) Total additions	7c(6)	21902	
(1) Contributions deposited during the year	7c(1)	0																					
(2) Dividends and credits.....	7c(2)	0																					
(3) Interest credited during the year.....	7c(3)	21902																					
(4) Transferred from separate account	7c(4)	0																					
(5) Other (specify below)..... ▶	7c(5)	0																					
(6) Total additions	7c(6)	21902																					
d	Total of balance and additions (add lines 7b and 7c(6))	7d 648025																					
e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:20%; text-align: right;">7e(1)</td> <td style="width:30%; text-align: right;">192568</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td style="text-align: right;">7e(2)</td> <td style="text-align: right;">104</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td style="text-align: right;">7e(3)</td> <td style="text-align: right;">5713</td> </tr> <tr> <td>(4) Other (specify below)..... ▶ MAY INCLUDE LOANS ISSUED FORFEITURES FEES CORRECTIVES AND/OR ADJUSTMENTS</td> <td style="text-align: right;">7e(4)</td> <td style="text-align: right;">841</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(5) Total deductions</td> <td style="text-align: right;">7e(5)</td> <td style="text-align: right;">199226</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	192568	(2) Administration charge made by carrier.....	7e(2)	104	(3) Transferred to separate account	7e(3)	5713	(4) Other (specify below)..... ▶ MAY INCLUDE LOANS ISSUED FORFEITURES FEES CORRECTIVES AND/OR ADJUSTMENTS	7e(4)	841				(5) Total deductions	7e(5)	199226				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	192568																					
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(4) Other (specify below)..... ▶ MAY INCLUDE LOANS ISSUED FORFEITURES FEES CORRECTIVES AND/OR ADJUSTMENTS	7e(4)	841																					
(5) Total deductions	7e(5)	199226																					
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 448799																					

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CSPI 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR SCIENCE IN THE PUBLIC INTEREST	D Employer Identification Number (EIN) 23-7122879

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.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(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
13-5570651	92944	073829 0001	1	01/01/2024	12/31/2024

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
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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	190720
5	Current value of plan's interest under this contract in separate accounts at year end.....	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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 185166
c	Additions: (1) Contributions deposited during the year	7c(1) 0
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 5554
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶	7c(5) 0
	(6) Total additions	7c(6) 5554
d	Total of balance and additions (add lines 7b and 7c(6))	7d 190720
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 0
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 190720

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CSPI 403B PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR SCIENCE IN THE PUBLIC INTEREST	D Employer Identification Number (EIN) 23-7122879	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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

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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
15 38 50 64 66 67	NONE	40	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GALLAGHER BENEFIT SVCS INC

36-4291971

(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?
26 27 28 50 51	NONE	5651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORD KEEPER	2138	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	6106
(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.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CSPI 403B PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTER FOR SCIENCE IN THE PUBLIC INTEREST</u>	D Employer Identification Number (EIN) <u>23-7122879</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AUL AMERICAN UNIT TRUST

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4010795</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CSPI 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTER FOR SCIENCE IN THE PUBLIC INTEREST	D Employer Identification Number (EIN) 23-7122879

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	8136
(2) Participant contributions	1b(2)	0	26004
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	148817	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	90902	132045
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15012215	16375060
(15) Other	1c(15)	811289	639519

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	16063223	17180764
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	16063223	17180764

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)	195735	
(B) Participants.....	2a(1)(B)	648555	
(C) Others (including rollovers).....	2a(1)(C)	55688	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		899978
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7722	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	7085	
(F) Other.....	2b(1)(F)	28285	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43092
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	522316	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		522316
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	2123749
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	3589135

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2462115
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2462115
f Corrective distributions (see instructions)	2f	1250
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	2578
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	5651
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	8229
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2471594

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1117541
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CSPI 403B PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTER FOR SCIENCE IN THE PUBLIC INTEREST</u>	D Employer Identification Number (EIN) <u>23-7122879</u>	

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 35-1140070

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		1
---	--	---

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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 11 / 22 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067A.



**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Center for Science in the Public Interest
Retirement and Employee Savings Plan

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

We were engaged to perform audits of the financial statements of Center for Science in the Public Interest Retirement and Employee Savings 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Center for Science in the Public Interest Retirement and Employee Savings Plan referred to in the first paragraph. 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

Center for Science in the Public Interest Retirement and Employee Savings Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodian accounts issued to current and former employees prior to January 1, 2009. Accordingly, we are unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 7 to the financial statements, the Center for Science in the Public Interest Retirement and Employee Savings 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 statements of changes in net assets available for benefits. The amounts of these excluded annuity and custodial accounts, and the related income and distributions, are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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 for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's 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.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental 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 of our report it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Calibre CPA Group, PLLC

Bethesda, MD
October 2, 2025



**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 164,920	\$ 148,817
Investments at fair value		
Mutual funds	16,210,140	15,012,215
Investments at contract value		
Insurance company general accounts	<u>639,519</u>	<u>811,289</u>
Total investments	<u>16,849,659</u>	<u>15,823,504</u>
Receivables		
Participant contributions	26,004	-
Employer contributions	8,136	-
Notes receivable from participants	<u>132,045</u>	<u>90,901</u>
Total receivables	<u>166,185</u>	<u>90,901</u>
Net assets available for benefits	<u>\$ 17,180,764</u>	<u>\$ 16,063,222</u>

See accompanying notes to financial statements.



**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 2,042,468	\$ 2,277,510
Interest and dividends	<u>640,447</u>	<u>501,159</u>
Total investment income	<u>2,682,915</u>	<u>2,778,669</u>
Interest on notes receivable from participants	<u>6,244</u>	<u>1,534</u>
Contributions		
Participant contributions, including rollovers	724,379	632,482
Employer contributions	<u>175,599</u>	<u>147,629</u>
Total contributions	<u>899,978</u>	<u>780,111</u>
Total additions	<u>3,589,137</u>	<u>3,560,314</u>
Deductions		
Benefit payments	(2,463,366)	(447,297)
Administrative expenses	<u>(8,229)</u>	<u>(2,704)</u>
Total deductions	<u>(2,471,595)</u>	<u>(450,001)</u>
Net change in assets	1,117,542	3,110,313
Net assets available for benefits		
Beginning of year	<u>16,063,222</u>	<u>12,952,909</u>
End of year	<u>\$ 17,180,764</u>	<u>\$ 16,063,222</u>

See accompanying notes to financial statements.



**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

General - The Center for Science in the Public Interest Retirement and Employee Savings Plan (the Plan) is a defined contribution plan pursuant to the provisions of Section 403(b) of the Internal Revenue Code (IRC) established for employees of the Center for Science in the Public Interest (the Plan Sponsor). Employees are eligible to participate in the Plan upon the date of employment. The Plan became effective on January 1, 1989, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following provides only general information about the Plan. A complete description of the Plan is contained in the Plan Document and Adoption Agreement, which govern the operation of the Plan.

While the Plan Sponsor has not expressed any intent to terminate the Plan, it may do so, subject to the provisions of ERISA. In the event the Plan is terminated, the participants will become fully vested in their accounts. The net assets of the Plan shall be allocated among the participants in the order provided for in accordance with ERISA.

Contributions - Participants may contribute up to the maximum percentage allowable not to exceed the limits of the applicable IRC Sections (\$23,000 and \$22,500 for 2024 and 2023, respectively). Participants who are age 50 or older may make additional catch up contributions up to the maximum amount allowed (\$7,500 for both 2024 and 2023). Each participant's account is credited with the participant's contributions and earnings on these contributions. Allocation of plan earnings is based on the individual investment returns and account balances and is allocated based on the proportion of each participant's account balance as it bears to all participant account balances in that particular investment. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

The Plan Sponsor makes a matching contribution equal to 100 percent of the amount contributed by the employee not to exceed 3 percent of the employee's eligible compensation. The Plan Sponsor may also make discretionary contributions to the Plan. Participant rollover contributions are also allowed. An employee who is eligible under the Plan must be 1) employed for one year; 2) be 18 years of age; and 3) work at least 1,000 hours during the twelve months following the date of hire or in any plan year beginning after the date of hire, in order to receive an employer contribution. Employer matching contributions were \$175,599 and \$147,629 during 2024 and 2023, respectively. Employer discretionary contributions were \$-0- in both 2024 and 2023. Participant



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

deferral contributions were \$668,691 and \$504,924 for the years ended December 31, 2024 and 2023, respectively. Participant rollover contributions were \$55,688 and \$127,558 for the years ended December 31, 2024 and 2023, respectively.

Vesting - Participants are immediately vested in their salary deferral and rollover contributions. At December 31, 2024 and 2023, the vesting of employer matching and discretionary contributions is as follows:

<u>Years of Service</u>	<u>% Vested</u>
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Investment Elections - Participants may elect to have their contributions invested in various investment options offered by the Plan's custodians.

Benefit Payments - The Plan provides for benefit payments upon termination, death, disability, after attaining age 59 1/2 and after attaining the normal retirement age of 65 or early retirement age of 55, based on the vested balance in the participant's account. Benefit payments are recorded when paid. Amounts included in net assets available for plan benefits, which are allocated to accounts of terminated participants who have withdrawn from the Plan, were not significant as of December 31, 2024 or 2023.

Forfeitures - Under the provisions of the Plan, a participant who terminates employment before becoming vested in the employer's contribution forfeits these amounts when any vested amounts are distributed. Forfeited amounts are used to reduce employer contributions to the Plan. Forfeited amounts available to reduce employer contributions to the Plan were \$4,422 and \$2,137 at December 31, 2024 and 2023, respectively.

Notes Receivable from Participants - Participants may borrow up to one-half of their vested account balance up to a maximum of \$50,000. The loans are secured by a portion of the participant's vested account balance and bear interest at a reasonable rate which is commensurate with local prevailing rates as determined by the Plan administrator. Notes are generally repaid within five years.

Administrative Expenses - The Plan Sponsor pays substantially all administrative expenses of the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are presented on the accrual basis.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments - Investments in mutual funds are stated at fair value. The insurance company general accounts (Lincoln National Life Insurance Company Fixed Asset Account and AXA Equitable Life Insurance Company GIA Fund) are presented at contract value as determined by Lincoln National Life Insurance Company and AXA Equitable Life Insurance Company. Purchases and sales of securities are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid 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, 2024 and 2023.

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

NOTE 3. INCOME TAX STATUS

The Plan adopted a 403(b) Plan document designed by Lincoln National Life Insurance Company (Lincoln) effective January 1, 2010. The Plan was amended and restated and a new volume submitter 403(b) Plan document designed by Lincoln was adopted in 2019. The Plan was further amended and restated and a new volume submitter 403(b) Plan document designed by One America was adopted in 2024. The volume submitter plan obtained an Internal Revenue Service (IRS) determination letter on November 22, 2017, in which the IRS stated that the volume submitter plan, as then designed, was acceptable under Section 403(b) of the IRC. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize an adjustment to taxable income if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan Sponsor has analyzed the tax positions taken by the Plan and is not aware of any uncertain tax positions that would require and adjustment to taxable income or disclosure in the financial statements. The Plan is not currently under examination by any taxing authority.

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 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices for similar assets or liabilities, or inputs that are observable, either directly or indirectly, for substantially the full term through corroboration with observable market data. Level 2 includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.

Level 3 - Pricing inputs are unobservable for the asset or liability, that is, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability. Level 3 includes private portfolio investments that are supported by little or no market activity.

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for benefits.

	Fair Value Measurements Using			
	12/31/24 Total	Quoted Prices In Active Markets for Identical Assets Level 1	Other Than Quoted Prices In Active Markets That Are Observable Level 2	Significant Unobservable Inputs Level 3
Mutual funds	\$ 15,577,088	\$ 15,577,088	\$ -	\$ -
Mutual funds - NAV (1)	633,052			
	<u>\$ 16,210,140</u>			

	Fair Value Measurements Using			
	12/31/23 Total	Quoted Prices In Active Markets for Identical Assets Level 1	Other Than Quoted Prices In Active Markets That Are Observable Level 2	Significant Unobservable Inputs Level 3
Mutual funds	\$ 14,473,086	\$ 14,473,086	\$ -	\$ -
Mutual funds - NAV (1)	539,129			
	<u>\$ 15,012,215</u>			



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodology used for assets measured at fair value. There were no changes to the methodology used at December 31, 2024 and 2023:

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

- (1) The Multi-Fund contracts issued by Lincoln National Life Insurance Company are registered individual contracts and are included with mutual funds on the statements of net assets available for benefits. These investments purchase specific mutual funds at the direction of variable annuity contract owners (i.e. Unit Investment Trusts separate accounts). Assets within the Unit Investment Trusts are valued by Lincoln at the net asset value, and in accordance with ASU 2015-07 have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 5. INFORMATION CERTIFIED BY PLAN CUSTODIANS

Information Prepared and Certified by Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company, Fidelity Management Trust Company, AXA Equitable Life Insurance Company and One America, the Plan custodians, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	<u>2024</u>	<u>2023</u>
Insurance company general accounts	\$ 639,519	\$ 811,289
Mutual funds	16,210,140	15,012,215
Notes receivable from participants	132,045	90,901
Interest and dividends	640,447	501,159
Interest on notes receivable from participants	6,244	1,534
Net appreciation in fair value of investments	2,042,468	2,277,510



NOTE 6. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan has entered into benefit-responsive investment contracts with Lincoln National Life Insurance Company (Lincoln) and AXA Equitable Life Insurance Company (AXA Equitable). Lincoln and AXA Equitable maintain the contributions in general accounts (Lincoln Fixed Asset Account and AXA Equitable GIA Fund). The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contracts.

Contract value, as reported to the Plan by Lincoln and AXA Equitable, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Lincoln and AXA Equitable believe that contract value is an appropriate determination of fair value for the general accounts. The general accounts have no liquid market value because they are not tradable or assignable, and there are no defined maturities of the cash flows.

There are no reserves against contract values for credit risk of the contract issuer or otherwise. The crediting interest rates are based on a formula agreed upon with the issuer.

Certain events limit the Plan's ability to transact at contract value with Lincoln and AXA Equitable. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the plan; or (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

NOTE 7. EXCLUDED INVESTMENTS

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. The investment income and distributions related to such accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. The amounts of these excluded annuity and custodial accounts, and the related income and distributions, are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended December 31, 2024:

Form 5500 Schedule H Line No.	Description	Per Form 5500	Per Financial Statements	Difference
2(a)(3)	Total contributions	\$ 899,978	\$ 899,978	\$ -
2(b)(1)(G)	Interest	565,408	646,691	(81,283)
2(b)(2)(D)	Dividends	-	-	-
2(b)(10)	Investment gain - registered investment companies	2,123,749	2,042,468	81,281
2(e)(4)	Benefit payments	(2,463,365)	(2,463,366)	1
2(i)(5)	Total administrative expenses	<u>(8,229)</u>	<u>(8,229)</u>	<u>-</u>
2(k)	Net change in assets	1,117,541	1,117,542	(1)
	Net assets			
	Beginning of year	<u>16,063,223</u>	<u>16,063,222</u>	<u>1</u>
	End of year	<u>\$ 17,180,764</u>	<u>\$ 17,180,764</u>	<u>\$ -</u>

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended December 31, 2023:

Form 5500 Schedule H Line No.	Description	Per Form 5500	Per Financial Statements	Difference
2(a)(3)	Total contributions	\$ 780,111	\$ 780,111	\$ -
2(b)(1)(G)	Interest	49,420	502,693	(453,273)
2(b)(2)(D)	Dividends	368,383	-	368,383
2(b)(10)	Investment gain - registered investment companies	2,362,401	2,277,510	84,891
2(e)(4)	Benefit payments	(447,297)	(447,297)	-
2(i)(5)	Total administrative expenses	<u>(2,704)</u>	<u>(2,704)</u>	<u>-</u>
2(k)	Net change in assets	3,110,314	3,110,313	1
	Net assets			
	Beginning of year	<u>12,952,909</u>	<u>12,952,909</u>	<u>-</u>
	End of year	<u>\$ 16,063,223</u>	<u>\$ 16,063,222</u>	<u>\$ 1</u>



NOTE 9. 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. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through October 2, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



CENTER FOR SCIENCE IN THE PUBLIC INTEREST RETIREMENT AND EMPLOYEE SAVINGS PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N.: 23-7122879

Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
*	Fidelity Management Trust Company	FID FIDELITY FUND	N/A	\$ 15,076
*	Fidelity Management Trust Company	FID TREND	N/A	5,452
*	Fidelity Management Trust Company	FID SEL SEMICONDUCT	N/A	9,867
*	Fidelity Management Trust Company	FID SEL CONS STAPLES	N/A	43,855
*	Fidelity Management Trust Company	FID VALUE STRAT	N/A	16,707
*	Fidelity Management Trust Company	FID GNMA	N/A	10,177
*	Fidelity Management Trust Company	FID MAGELLAN	N/A	66,483
*	Fidelity Management Trust Company	FID CONTRAFUND	N/A	200,061
*	Fidelity Management Trust Company	FID EQUITY INC	N/A	6,006
*	Fidelity Management Trust Company	FID GROWTH COMPANY	N/A	2,095,008
*	Fidelity Management Trust Company	FID INVST GR BD	N/A	182,768
*	Fidelity Management Trust Company	FID INTERMED BOND	N/A	5,536
*	Fidelity Management Trust Company	FID CAPITAL & INCOME	N/A	121,201
*	Fidelity Management Trust Company	FID VALUE	N/A	6,964
*	Fidelity Management Trust Company	FID SEL TECHNOLOGY	N/A	103,596
*	Fidelity Management Trust Company	FID OTC PORTFOLIO	N/A	31,995
*	Fidelity Management Trust Company	FID OVERSEAS	N/A	311,280
*	Fidelity Management Trust Company	FID LEVERGD CO STK	N/A	148,713
*	Fidelity Management Trust Company	FID EUROPE	N/A	156
*	Fidelity Management Trust Company	FID BALANCED	N/A	109,927
*	Fidelity Management Trust Company	FID INTL DISCOVERY	N/A	33,897
*	Fidelity Management Trust Company	FID CAPITAL APPREX	N/A	5,056
*	Fidelity Management Trust Company	FID CONVERTIBLE SEC	N/A	5,752
*	Fidelity Management Trust Company	FID BLUE CHIP GR	N/A	328,888
*	Fidelity Management Trust Company	FID ASSET MGR 50%	N/A	256,515
*	Fidelity Management Trust Company	FID DISCIPLND EQTY	N/A	149,733
*	Fidelity Management Trust Company	FID LOW PRICED STK	N/A	29,646
*	Fidelity Management Trust Company	FID EQ DIV INCOME	N/A	3,356
*	Fidelity Management Trust Company	FID EMERGING MKTS	N/A	175,639
*	Fidelity Management Trust Company	FID DIVERSIFD INTL	N/A	13,478
*	Fidelity Management Trust Company	FID ASSET MGR 20%	N/A	1,079,748
*	Fidelity Management Trust Company	FID DIVIDEND GR	N/A	17,156
*	Fidelity Management Trust Company	FID STK SEL SM CAP	N/A	22,321
*	Fidelity Management Trust Company	FID MID CAP STOCK	N/A	4,262
*	Fidelity Management Trust Company	FID SMALL CAP STOCK	N/A	103,027
*	Fidelity Management Trust Company	FID ASSET MGR 85%	N/A	642
*	Fidelity Management Trust Company	FID SEL MED TECH&DV	N/A	28,604
*	Fidelity Management Trust Company	FID MULTI ASSET IDX	N/A	6,422
*	Fidelity Management Trust Company	FID NATURAL RES	N/A	129,256
*	Fidelity Management Trust Company	FID SEL INDUSTRIALS	N/A	1,842
*	Fidelity Management Trust Company	FID MID CAP VALUE	N/A	8,584
*	Fidelity Management Trust Company	FID INTL SMALL CAP	N/A	90,447
*	Fidelity Management Trust Company	FID TOTAL BOND	N/A	29,243
*	Fidelity Management Trust Company	FID VALUE DISCOV	N/A	11,803
*	Fidelity Management Trust Company	FID BLUE CHIP VALUE	N/A	15,254
*	Fidelity Management Trust Company	FID NASDAQ COMP INDX	N/A	6,616
*	Fidelity Management Trust Company	FID STRAT DIV & INC	N/A	11,748
*	Fidelity Management Trust Company	FID SMALL CAP GROWTH	N/A	11,954
*	Fidelity Management Trust Company	FID SMALL CAP VALUE	N/A	12,846
*	Fidelity Management Trust Company	FID ASSET MGR 40%	N/A	56,712
*	Fidelity Management Trust Company	FID TOTAL INTL EQ	N/A	5,247
*	Fidelity Management Trust Company	FID US BOND IDX	N/A	174,239
*	Fidelity Management Trust Company	FID 500 INDEX	N/A	2,898,134
*	Fidelity Management Trust Company	FID GLB EX US IDX	N/A	184,033
*	Fidelity Management Trust Company	FID MID CAP IDX	N/A	566,284
*	Fidelity Management Trust Company	FID SM CAP IDX	N/A	101,821
*	Fidelity Management Trust Company	FID TOTAL MKT IDX	N/A	13,019
*	Fidelity Management Trust Company	FID INTL INDEX	N/A	47,631
*	Fidelity Management Trust Company	FID EXTD MKT IDX	N/A	15,967
*	Fidelity Management Trust Company	FID EMERG MKTS DISC	N/A	2,102
*	Fidelity Management Trust Company	FID GLOBAL EQ INCOME	N/A	21,356
*	Fidelity Management Trust Company	FID FDM IDX 2050 IPR	N/A	28,973
*	Fidelity Management Trust Company	FID FDM IDX 2055 IPR	N/A	37,128



**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N.: 23-7122879
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
*	Fidelity Management Trust Company	FID FREEDOM 2025 K	N/A	\$ 649,673
*	Fidelity Management Trust Company	FID FREEDOM 2030 K	N/A	9,358
*	Fidelity Management Trust Company	FID FREEDOM 2035 K	N/A	256,575
*	Fidelity Management Trust Company	FID FREEDOM 2040 K	N/A	115,682
*	Fidelity Management Trust Company	FID FREEDOM 2045 K	N/A	69,262
*	Fidelity Management Trust Company	FID FREEDOM 2050 K	N/A	118,745
*	Fidelity Management Trust Company	FID FREEDOM 2055 K	N/A	47,285
*	Fidelity Management Trust Company	FID FREEDOM 2060 K	N/A	23,677
*	Fidelity Management Trust Company	FID LT TR BD IDX	N/A	5,337
*	Fidelity Management Trust Company	FID STRATEGIC INCOME	N/A	30,546
*	Fidelity Management Trust Company	FID FREEDOM 2065 K	N/A	<u>2,943</u>
				<u>11,566,292</u>
*	Lincoln National Life Insurance Company	Fixed Asset Account	N/A	448,799
*	Lincoln National Life Insurance Company	Alliance Bernstein - Global Thematic Growth Fund	N/A	557
*	Lincoln National Life Insurance Company	American Funds - Growth Fund	N/A	1,452
*	Lincoln National Life Insurance Company	Fidelity VIP- Growth Fund	N/A	1,449
*	Lincoln National Life Insurance Company	LVIP- Blackrock Dividend Value Managed Volat1	N/A	17,958
*	Lincoln National Life Insurance Company	L VIP - Blended Large Cap Growth Managed Vol a	N/A	1,702
*	Lincoln National Life Insurance Company	L VIP - Del aware Bond Fund	N/A	3,202
*	Lincoln National Life Insurance Company	LVIP- Delaware Mid Cap Value Fund	N/A	10,521
*	Lincoln National Life Insurance Company	LVIP- Delaware Social Awareness Fund	N/A	69,798
*	Lincoln National Life Insurance Company	LVIP- Delaware Wealth Builder Fund	N/A	6,394
*	Lincoln National Life Insurance Company	LVIP- Dimensional U.S. Core Equity 1	N/A	3,892
*	Lincoln National Life Insurance Company	LVIP- Global Growth Allocation Managed Risk	N/A	5,757
*	Lincoln National Life Insurance Company	LVIP- Government Money Market	N/A	277
*	Lincoln National Life Insurance Company	LVIP- Mondrian International Value Fund	N/A	5,713
*	Lincoln National Life Insurance Company	LVIP- SSGA Bond Index	N/A	151,740
*	Lincoln National Life Insurance Company	LVIP- SSGA S&P 500 Index	N/A	282,571
*	Lincoln National Life Insurance Company	LVIP- SSGA Small-Cap Index	N/A	1,149
*	Lincoln National Life Insurance Company	LVIP- T. Rowe Price 2040 Fund	N/A	6,008
*	Lincoln National Life Insurance Company	LVIP- T. Rowe Price Struct. Mid Cap Growth Fund	N/A	<u>62,912</u>
				<u>1,081,851</u>
*	One America	Vanguard Trgt Retire 2065 Inv	N/A	55,582
*	One America	Vanguard Trgt Retire 2020 Inv	N/A	9,762
*	One America	Vanguard Trgt Retire 2025 Inv	N/A	306,888
*	One America	Vanguard Trgt Retire 2030 Inv	N/A	1,062,228
*	One America	Vanguard Trgt Retire 2035 Inv	N/A	574,129
*	One America	Vanguard Trgt Retire 2045 Inv	N/A	329,025
*	One America	Vanguard Trgt Retire 2050 Inv	N/A	809,121
*	One America	Vanguard Trgt Retire 2055 Inv	N/A	263,428
*	One America	Vanguard Trgt Retire 2060 Inv	N/A	139,653
*	One America	Amerfds New World R6	N/A	2,390
*	One America	Vanguard Explorer Adm	N/A	17,863
*	One America	Vanguard Total Bnd Mkt Idx Adm	N/A	1,980
*	One America	Vanguard Total Bnd Stk Idx Adm	N/A	19,274
*	One America	Fidelity 500 Index	N/A	243,020
*	One America	Fidelity SM Cap Index	N/A	8,394
*	One America	Fidelity Midcap Idx	N/A	25,741
*	One America	Vanguard Ftse Social Index Adm	N/A	25,113
*	One America	Fidelity Sustainability BD Idx	N/A	1,621
*	One America	Fidelity Intl Sustain Idx	N/A	540
*	One America	Dodge & Cox Stock X	N/A	40,151
*	One America	Fidelity Contrafund K6	N/A	69,194
*	One America	Dfa Large Cap International I	N/A	<u>5,699</u>
				<u>4,010,796</u>





**CENTER FOR SCIENCE IN THE PUBLIC INTEREST
RETIREMENT AND EMPLOYEE SAVINGS PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N.: 23-7122879
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
*	AXA Equitable Life Insurance Company	Equitable CIA Fund	N/A	\$ 190,720
	Total assets (held at end of year)			\$ 16,849,659
	Cash		N/A	\$ 164,920
	Contributions Receivable		-	\$ 34,140
	Notes receivables from participants - Lincoln	Interest rates from 4.5% to 7%	-	\$ 19,425
	Notes receivables from participants - Fidelity	Interest rates 8.25%	-	\$ 112,620
*	Denotes a party-in-interest.			

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

Name of Plan: CSPI 403B AND 457B PLANS
Employer Identification Number: 23-7122879
For plan year (beginning/ending): 01-01-2024 TO 12-31-2024 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMERFDS NEW WORLD R6 MUTUAL FUND SHARES	0	2,390
	DFA	DFA LARGE CAP INTERNATIONAL I MUTUAL FUND SHARES	0	5,699
	DODGE & COX	DODGE & COX STOCK X MUTUAL FUND SHARES	0	40,151
	FIDELITY	FIDELITY 500 INDEX MUTUAL FUND SHARES	0	243,019
	FIDELITY	FIDELITY CONTRAFUND K6 MUTUAL FUND SHARES	0	69,194
	FIDELITY	FIDELITY INTL SUSTAIN IDX MUTUAL FUND SHARES	0	540
	FIDELITY	FIDELITY MIDCAP IDX MUTUAL FUND SHARES	0	25,741
	FIDELITY	FIDELITY SM CAP INDEX MUTUAL FUND SHARES	0	8,394
	FIDELITY	FIDELITY SUSTAINABILITY BD IDX MUTUAL FUND SHARES	0	1,621
	VANGUARD	VANGUARD EXPLORER ADM MUTUAL FUND SHARES	0	17,863
	VANGUARD	VANGUARD FTSE SOCIAL INDEX ADM MUTUAL FUND SHARES	0	25,113
	VANGUARD	VANGUARD TOTAL BND MKT IDX ADM MUTUAL FUND SHARES	0	1,980
	VANGUARD	VANGUARD TOTAL INT STK IDX ADM MUTUAL FUND SHARES	0	19,274
	VANGUARD	VANGUARD TRGT RETIRE 2055 INV MUTUAL FUND SHARES	0	263,428
	VANGUARD	VANGUARD TRGT RETIRE 2020 INV MUTUAL FUND SHARES	0	9,762
	VANGUARD	VANGUARD TRGT RETIRE 2025 INV MUTUAL FUND SHARES	0	306,888
	VANGUARD	VANGUARD TRGT RETIRE 2030 INV MUTUAL FUND SHARES	0	1,062,228
	VANGUARD	VANGUARD TRGT RETIRE 2035 INV MUTUAL FUND SHARES	0	574,129
	VANGUARD	VANGUARD TRGT RETIRE 2045 INV MUTUAL FUND SHARES	0	329,025
	VANGUARD	VANGUARD TRGT RETIRE 2050 INV MUTUAL FUND SHARES	0	809,121
	VANGUARD	VANGUARD TRGT RETIRE 2060 INV MUTUAL FUND SHARES	0	139,653
	VANGUARD	VANGUARD TRGT RETIRE 2065 INV MUTUAL FUND SHARES	0	55,582
*	LINCOLN	LINCOLN FIXED ACCOUNT	0	448,799
*	LINCOLN	LINCOLN PARTICIPANT LOANS	0	19,425
	LINCOLN	LINCOLN SEPARATE ACCOUNT	0	633,052
*	FIDELITY	FIDELITY PARTICIPANT LOANS	0	112,620
	FIDELITY	FIDELITY SEPARATE ACCOUNT	0	11,731,213
*	AXA EQUITABLE LIFE INSURANCE	EQUITABLE CIA FUND	0	190,720