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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

PO BOX 35
SALISBURY COVE, ME 04672-0035

2b Employer Identification Number (EIN)
01-0202467

2c Plan Sponsor's telephone number
207-288-3605

2d Business code (see instructions)
541700

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CLAUDINE LURVEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	166
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	86
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	80
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	159
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	160
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	152
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 Characteristic Codes in the instructions:

2F 2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

D Employer Identification Number (EIN)
01-0202467

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
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	386012	64	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2761120
5	Current value of plan's interest under this contract in separate accounts at year end	5	5605077

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	2623742
c	Additions: (1) Contributions deposited during the year	7c(1)	19701		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	95004		
	(4) Transferred from separate account	7c(4)	254198		
	(5) Other (specify below)	7c(5)	4		
	▶ OTHER				
	(6) Total additions			7c(6)	368907
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2992649
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	196750		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	34293		
	(4) Other (specify below)	7e(4)	486		
	▶ OTHER				
	(5) Total deductions			7e(5)	231529
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2761120

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

D Employer Identification Number (EIN)
01-0202467

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

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

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

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

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

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

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

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

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

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

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

(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)

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15		22879	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

D Employer Identification Number (EIN)
01-0202467

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)

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

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	118109

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

D Employer Identification Number (EIN)
01-0202467

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	133469	118110
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13113788	15549567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2623742	2761120
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	15870999	18428797
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	15870999	18428797

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)	425079	
(B) Participants	2a(1)(B)	659553	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1084632
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	95004	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		95004
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	364874	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		364874
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5280
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2008858
c Other income	2c		2650
d Total income. Add all **income** amounts in column (b) and enter total	2d		3561298
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	927272	
(2) To insurance carriers for the provision of benefits	2e(2)	53349	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		980621
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	22879	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22879
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1003500
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2557798
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: LAUREN COREY CONSULTING, LLC **(2)** EIN: 47-2806175

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MOUNT DESERT ISLAND BIOLOGICAL LABORATORY 403(B) DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE MOUNT DESERT ISLAND BIOLOGICAL LABORATORY

D Employer Identification Number (EIN)
01-0202467

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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** | 0

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**	0
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	0
	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**	0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A .

Mount Desert Island
Biological Laboratory
403(b) Defined Contribution Plan

Financial Report

December 31, 2025

CONTENTS

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17

Independent Auditor's Report

To the Board of Directors
Mount Desert Island Biological Laboratory
Salisbury Cove, Maine

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

I have performed audits of the accompanying financial statements of Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 Mount Desert Island Biological Laboratory 403(b) Defined Contribution 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 a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule Schedule H, Line 4i – 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 supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

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

In my opinion:

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

Karen Corey Consulting, LLC

Portland, Maine
October 13, 2026

Statements of Net Assets Available for Benefits

December 31,	2025	2024
ASSETS		
Investments at fair value	**$ 16,842,462**	$ 14,414,090
Investments at contract value	**1,586,335**	1,456,909
	18,428,797	15,870,999
TOTAL ASSETS	**18,428,797**	15,870,999
LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	**$ 18,428,797**	$ 15,870,999

See accompanying independent auditor's report.
The accompanying notes are an integral part of these financial statements.

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 2,047,075**
Interest and dividends	**459,877**
	2,506,952
Less investment expenses	**(30,287)**
	2,476,665
Contributions:	
Participants'	**659,553**
Employer's	**425,079**
	1,084,632
Total Additions	**3,561,297**
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	**927,271**
Annuity Settlements	**53,349**
Administration expenses	**22,879**
Total Deductions	**1,003,499**
NET INCREASE	**2,557,798**
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	**15,870,999**
End of year	**$ 18,428,797**

See accompanying independent auditor's report.
The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Mount Desert Island Biological Laboratory 403(b) Defined Contribution Plan provides only general information. Participants should refer to the Plan's documents for a more complete description of the Plan's provisions.

General

The Plan is an Internal Revenue Code (IRC) Section 403(b) plan which covers all employees of Mount Desert Island Biological Laboratory (the Laboratory), with the exception of nonresident aliens who receive no income from U.S. sources, employees who normally work less than 20 hours per week and student employees. The Plan is a prototype adoption of a TIAA-CREF volume submitter plan, and its most recent restatement effective date is April 1, 2023. Employees are immediately eligible to contribute a pre-tax deferral into the Plan and are automatically enrolled unless signing a form to opt out. Employees become eligible for employer contributions after having attained age 21 and either a) one year of service (12 consecutive months with at least 83 1/3 hours per month) or b) previous employment in a benefits-eligible position at an educational organization providing post-secondary education or a nonprofit research institution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees is responsible for oversight of the Plan. Management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute a percentage of pretax compensation, as defined by the Plan, not to exceed the maximum amount allowable under the Internal Revenue Code. Participants also may make contributions on a post-tax (Roth) basis. The maximum dollar amount that participants under age 50 could contribute to the Plan in 2025 was $23,500 including contributions to certain other plans. Beginning April 1, 2023 and each February 1st thereafter, participants are automatically enrolled at a minimum of 2.5% withholding, absent signed elections to the contrary. Each subsequent February 1st, withholdings are automatically escalated by 1.0% until reaching a maximum of 7.5% defined wages.

Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to $7,500. The Plan adopted in operation Section 109 of the SECURE 2.0 Act that amends section 414(v) of the Code to increase the annual limit on catch-up contributions, beginning with the 2025 taxable year, for individuals between ages 60 and 63. The increased limit is the greater of $10,000 or 150% of the regular catch-up limit for 2024, indexed for inflation. The Laboratory makes 100% matching contributions to the Plan on behalf of all contributing participants up to 7.5% of compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers participants pooled separate account options and insurance company general account options that are part of individual variable annuity contracts, as well as mutual fund options that include target date funds. Participants who do not make investment elections have their contributions invested in target date (lifecycle) funds relative to their respective projected retirement ages.

Contributions are subject to certain Internal Revenue Code limitations.

Funding Policy

All contributions to the Plan are funded on a (biweekly) payroll basis.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Participant Accounts

Each participant's account is credited with the participants' and employer's contributions, and allocations of plan earnings, net of certain administrative expenses. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their entire accounts.

Payment of Benefits

The normal form of benefit under the Plan is a joint and survivor annuity. Upon termination of service, death, disability or retirement, participants may request a distribution in lump sum amount, partial lump-sum in the form of installment payments or an annuity contract. Participants also may choose to roll over distributions to other eligible retirement plans. Distributions in a form other than a joint and survivor annuity are subject to spousal consent for married participants. Distributions to terminated participants are mandatory for balances greater than $7,000.

Administrative Expenses

The Plan's sponsor absorbs significant expenses of administering the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully-benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's management determines the Plan's valuation policies utilizing information provided by the Plan's insurer/trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Reinvested dividends and capital gains distributions of mutual fund shares are classified as dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Payment of Benefits

Benefit payments and annuity settlements are recorded when paid or settled.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) No. 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
    - Quoted prices for similar assets in active markets;
    - Quoted prices for identical or similar assets in inactive markets;
    - Inputs other than quoted prices that are observable for the asset or liability;
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

      If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used on December 31, 2024.

Fixed Annuity Insurance Company General Accounts (non-benefit-responsive) - Units are valued based upon principal contributions plus accumulated interest, less contract withdrawals and charges, which is a cost-based approach. Fair value in accordance with accounting literature is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, which is a market-based approach.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - CONTINUED

TIAA-CREF asserts that, based on two theories, contract value approximates a market-based approach. A fair value estimate of this investment has not been provided to the Plan, other than on a cost-based approach. The cost approach is based on contractually agreed-upon amounts due to participants, which cannot be exceeded. The first theory is based on theoretical transfer of an asset owned by a pension plan. Due to the nature of TIAA Traditional contracts during the accumulation stage, there is no principal market where such contracts are traded. Participants' investments into this fund (contributions), by choice, represents willing market participation and orderly transactions (significant unobservable input). When participants change employers, they often enroll in new plans with very similar fixed annuity options, including TIAA Traditional. This is another indication of willing participation in the investment. Upon death or similar condition whereby, a contract is settled by a participant, the future accumulation benefits are surrendered in exchange for a cash payout based on contract value.

The second theory is based on a quantitative model of discounted cash flow. Using 25 years of data (2001-2025), the "measurement period," TIAA determined the blended return on TIAA Traditional contracts for the participant population to compare with the standard 10-year risk-free rate derived from the available "on the run" 10-year Treasury yield. This resulted in the following results: 1) There is a 72% correlation between the 10-year Treasury and TIAA Traditional average return. 2) Given a Pearson correlation table, the correlation appears to be statistically significant. The mean spread over 10-year Treasuries for the observed measurement period is 164 basis points. 3) Standard deviation of the spread is 82 basis points.

Management has reviewed the Plan's investments in the fixed annuity insurance company general account and determined, based on the evaluation of the credit ratings and other financial data pertaining to the issuer (observable input), that it agrees with TIAA-CREF's assessment that contract value approximates fair value, as of the Plan's year-end.

Pooled Separate Accounts: Accumulation Unit Values (AUV) are derived by the fund administrators, using a factor calculation and daily pricing files for the underlying shares of investments. Most of the underlying investments are priced using market quotation or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing (pricing models with observable inputs). CREF Money Market Account holdings are generally valued at amortized cost. The Real Estate Account's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. There were no unfunded commitments disclosed by the funds.

Mutual Funds: Fund holdings are generally valued using market quotations or prices obtained from independent pricing services. Each fund determines its share price or net asset value (NAV) each day calculated generally as of 4 p.m. (ET).

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

The following are liquidity restrictions associated with the Plan's investments:

CREF accounts - Accumulation units in CREF Accounts are available for transactions at the closing accumulation unit value on any day the New York Stock Exchange (NYSE) is open for business. In an effort to reduce market timing and excessive trading, shareholders will be locked out of an account for 90 days if a purchase, sale and repurchase within that account is made within a 60-day period, other than for the CREF Money Market Account. There are no unfunded commitments related to the investments.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - CONTINUED

TIAA Real Estate Account (REA) - Accumulation units in the REA are available for transactions at the closing accumulation unit value on any day the NYSE is open for business. Transfers out of the REA are limited to one per calendar quarter. Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with a liquidity guarantee - i.e., TIAA ensures that the REA has funds available to meet participant redemption, transfer or cash withdrawal requests. There are no unfunded commitments related to the investment.

Investment restrictions - TIAA Traditional - see Note 5.

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

December 31, 2025:		**Fair Value Measurements At Reporting Date Using**		
	Fair Value	**Level 1**	**Level 2**	**Level 3**
Fixed annuity insurance company general accounts	**$1,174,785**			**$1,174,785**
Variable annuity pooled separate accounts*	**5,605,077**			
Mutual funds	**10,062,600**	**$10,062,600**		
Total investments at fair value	**16,842,462**	**$10,062,600**		**$1,174,785**
Fully benefit-responsive investment contracts at contract value	**1,586,335**			
Total investments	**$18,428,797**			

December 31, 2024:		Fair Value Measurements At Reporting Date Using		
	Fair Value	Level 1	Level 2	Level 3
Fixed annuity insurance company general accounts	$1,166,833			$1,166,833
Variable annuity pooled separate accounts*	5,070,013			
Mutual funds	8,177,244	$8,177,244		
Total investments at fair value	14,414,090	$8,171,244		$1,166,833
Fully benefit-responsive investment contracts at contract value	1,456,909			
Total investments	$15,870,999			

*Under FASB ASC 820, if a readily determinable fair value is not available as of the reporting date, NAV may be used as the practical expedient. In such circumstances, fair value leveling is not required.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS – CONTINUED

The following table provides a summary of changes of the level 3 fair value measurements (TIAA Traditional Annuity contracts that are not fully benefit-responsive within the meaning of FASB ASC No. 962-10-65-1) for the year ended December 31, 2025:

Balance as of December 31, 2024	**$1,166,833**
Total investment income	**47,219**
Purchases, sales, issuances and settlements	
Purchases	**90,640**
Sales	**(129,907)**
Balance as of December 31, 2025	**$ 1,174,785**

Investment income includes $35,286 of realized and unrealized gains as determined by the issuer based on market interest rate fluctuations.

Fixed annuity insurance company general accounts (non-benefit-responsive): reported at fair value on December 31, 2025 and 2024 as described on pages 8-9. The fair value was based upon a valuation model using the ten-year U.S. Treasury Rate and theoretical transfer of an assets owned by a pension plan, as shown in the following table:

Instrument	Principal Valuation Technique	Unobservable Inputs	Range
TIAA Traditional - NBR	Discounted cash flow	Risk-adjusted discount rates applied	RA: 3.55-6.50% SRA: 3.00-5.75%
TIAA Traditional - NBR	Theoretical transfer	Willing buyers and sellers	

The following description outlines the significant investment strategies of the investee for Level 2 investments in entities that calculate net asset value per unit:

Fixed Income

CREF Core Bond R1

The CREF Core Bond Account is a core fixed-income variable annuity account that seeks a favorable long-term rate of return, primarily through high current income consistent with preserving capital. Under normal circumstances, the Account invests at least 80% of its assets in a broad range of fixed income securities, mainly investment-grade securities in the top four credit rating categories by Moody's or S&P, or that the Account's advisor believes are of similar quality. The Account can also invest in below-investment-grade securities. The Account provides participants the option to convert all or a portion of their accumulations into lifetime income.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS – CONTINUED

Equities

CREF Global Equities R1

The CREF Global Equities Account is a globally diversified variable annuity account that seeks a favorable long-term rate of return through capital appreciation and income. Under normal circumstances, the Account invests at least 80% of its assets in a broadly diversified portfolio that consists primarily of foreign and domestic stocks. Typically, approximately 50% of the Account is invested in foreign securities (including foreign emerging market issuers), and approximately 50% in domestic securities, as the Account's Advisor deems appropriate. The Account is managed using three different investment strategies - active management, quantitative and indexing - to achieve the Account's investment objective. Within the Account's globally diversified, multi-investment style strategy, the Account allocates assets to a variety of underlying investment strategies. The allocations to such strategies, which may change over time, include domestic or foreign investments in large-cap, mid-cap and small-cap and various industry sector specializations. The Account provides participants with the option to convert all or a portion of their accumulations into lifetime income.

CREF Total Global Stock Account

The CREF Total Global Stock Account is a variable annuity account that seeks favorable long-term returns through capital appreciation and investment income. Under normal circumstances, the Total Global Stock Account invests at least 80% of its assets in a broadly diversified portfolio of common stocks. CREF’s investment adviser, TCIM, typically uses a combination of fundamental active management, quantitative, and indexing investment strategies to manage the Account. TCIM invests the Account’s assets in both domestic and foreign securities to achieve the Account’s investment objective. TCIM seeks to achieve the Account’s overall investment objective by managing the Account in segments, each of which may use one of these different investment strategies. The Account may invest in companies of any size, including small companies. The Account provides participants the option to convert all or a portion of their accumulations into lifetime income.

CREF Growth R1

The CREF Growth Account is a variable annuity account that seeks a favorable long-term rate of return, mainly through capital appreciation. It primarily invests in a diversified portfolio of common stocks that present the opportunity for exceptional growth. Under normal circumstances, the Account invests at least 80% of its assets in common stocks and other equity securities. The Account invests primarily in large, well-known, established companies, especially those that have new or innovative products, services or processes that may enhance future earnings prospects. The Account is managed using three different investment strategies: active management, quantitative and indexing. The Account may invest up to 20% of its assets in foreign securities. The Account provides participants with the option to convert all or a portion of their accumulations into lifetime income.

CREF S&P 500 Index Account

The CREF S&P 500 Index Account is a passively-managed variable annuity account that seeks a favorable long-term rate of return from a diversified portfolio designed to track the U.S. stock market as a whole and invests in stocks in its benchmark index, the S&P 500 Index. The Account buys most, but not necessarily all, of the securities in the S&P 500 Index, and attempts to closely match the overall investment characteristics of the Index. The Account provides participants the option to convert all or a portion of their accumulations into lifetime income.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 3 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - CONTINUED

Equities - Continued

TIAA Access Nuveen International Equity

The Fund seeks a favorable long-term total return, mainly through capital appreciation, primarily from equity securities of foreign issuers. It normally invests at least 80% of its assets in equity securities of foreign issuers. The Fund maintains investments of equity securities of foreign issuers in at least three countries other than the United States. The Fund's management team looks for companies of any capitalization size that demonstrate an ability to generate free cash flow and strong market share. Particular emphasis is placed on companies with performance-oriented management teams that focus on growth through innovation, sustainable earnings growth and shareholder returns. The Fund may invest in stocks of smaller companies and in emerging market securities depending on the prevalence of opportunities.

Multi-Asset

CREF Responsible Balanced Account

The CREF Responsible Balanced Account is a variable annuity account that seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria. The Account invests in a diversified set of domestic and foreign stocks and other equity securities, bonds and other fixed-income securities, as well as money market instruments and other short-term debt instruments. The Account seeks to invest in issuers that are suitable from a financial perspective while taking into consideration certain environmental, social and governance (“ESG”) or impact criteria, which are described in more detail below. The Account is balanced, with assets divided between foreign and domestic stocks and other equity securities (about 60%) and bonds and other fixed-income securities, including money market instruments (about 40%). The Account provides participants the option to convert all or a portion of their accumulations into lifetime income.

TIAA Access Lifecycle 2045 T4 (Target Date 2045)

The Lifecycle 2045 Fund seeks high total return over time through a combination of capital appreciation and income. Each of the Nuveen Lifecycle Funds is designed to provide a single diversified portfolio managed with a target retirement date in mind. The target date is the approximate date when investors expect to begin withdrawing money from the Fund. Each portfolio invests in several underlying equity, fixed-income and direct real estate funds. The Lifecycle 2045 Fund's target allocation consists of an equity/fixed-income/direct real estate mix of approximately 87.67%/7.33%/5.00%. Over time, the Fund's target allocation will gradually become more conservative, moving to target allocations of approximately 45.00% equity/50.00% fixed-income/5.00% direct real estate in the Fund's target retirement year of 2045 and reaching a final equity/fixed-income/direct real estate mix of approximately 20.00%/80.00%/0.00% in 2075. The Fund may deviate from these target allocations by up to 10% depending upon current market conditions and outlook.

NOTE 4 – INFORMATION CERTIFIED BY INSURER/CUSTODIAN

Certain financial information included in the Plan's statement of net assets available for benefits regarding investment assets as of December 31, 2025 and 2024, and for the year ended December 31, 2025, were derived from information certified as complete and accurate by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) the insurer and as agent for TIAA Trust, N.A., the custodian of the 403(b) plan assets, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The financial information subject to such certification on December 31 follows:

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 4 – INFORMATION CERTIFIED BY INSURER/CUSTODIAN - CONTINUED

	2025	2024
Investment in insurance company general account	**$ 2,761,120**	$ 2,623,742
Investment in variable annuity pooled separate accounts	**5,605,077**	5,070,013
Investment in mutual funds	**10,062,600**	8,177,244
	$ 18,428,797	$ 15,870,999

	Year Ended December 31, 2025
Investment income	**$ 378,768**
Investment gains and losses	**2,095,247**
	$ 2,474,015

NOTE 5 - FIXED ANNUITY INSURANCE COMPANY GENERAL ACCOUNTS

The Plan invests in fixed annuity insurance company general accounts (TIAA Traditional Annuities), including both benefit-responsive and non-benefit-responsive fixed annuity contract options that are fully and unconditionally guaranteed by Teachers Insurance and Annuity Association of America (TIAA), and the TIAA Stable Value Fund. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest ranging from 1% - 3%, and the potential for additional interest if declared by TIAA. When the accumulation is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation, and contributions to a participant's account purchases a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

Because the yields available on bonds and other fixed income investments tend to change over time, TIAA groups the premium dollars it receives over defined time periods into vintages—typically composed of one or more contiguous calendar months—for the purpose of determining the crediting rate for the applicable declaration year during the accumulation phase. The crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves.

TIAA issues various types of contracts as funding vehicles for retirement plans. Certain contract types (RA) contain liquidity restrictions on the redemption of TIAA Traditional Annuity accumulations, which could impact the value realized upon exiting the contract. There are no liquidity restrictions on the benefit-responsive contract options. Distributions, withdrawals, and transfers from the non-benefit-responsive contract option can only be made in 10 annual installments.

The TIAA Stable Value Contract has a discontinuance fee upon contract withdrawal. As of the date of these financial statements, management determined that the discontinuance fee, if the contract were terminated, is not material to the financial statements. No decision has been made to withdraw from the contract.

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 5 - FIXED ANNUITY INSURANCE COMPANY GENERAL ACCOUNTS - CONTINUED

The following presents benefit-responsive and non-benefit-responsive fixed annuity contract balances as of December 31:

	2025	2024
TIAA Traditional Benefit-Responsive	**$ 1,369,467**	$ 1,365,187
TIAA Stable Value Benefit-Responsive	**216,868**	91,722
TIAA Traditional Non Benefit-Responsive	**1,174,785**	1,166,833
	$ 2,761,120	$ 2,623,742

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Laboratory has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 - TAX STATUS

The Company adopted a TIAA volume submitter 403(b) plan which received a favorable opinion letter from the IRS dated August 7, 2017, which stated that the Plan as then designed is in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits per the financial statements	**$ 18,428,797**	**$ 15,870,999**
Net assets available for benefits per Form 5500	**$ 18,428,797**	**$ 15,870,999**

The following is a reconciliation of the changes in net assets available for benefits for the year ended December 31, 2025:

Net increase in net assets available for benefits per financial statements	**$2,557,798**
Net increase in net assets available for benefits per Form 5500	**$2,557,798**

Notes to Financial Statements

December 31, 2025 and 2024

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - CONTINUED

The presentation on Schedule H of Form 5500, of pooled separate accounts that do not file as Direct Filing Entities, is to show the underlying assets of the pooled separate accounts, which consist generally of registered investment companies. The totals for pooled separate accounts presented as registered investment companies were $5,486,970 and $4,936,545 as of December 31, 2025 and 2024, respectively.

NOTE 9 - BENEFITS FOR VESTED TERMINATED EMPLOYEES

As of December 31, 2025, there were no benefits payable to vested terminated employees who had requested withdrawals.

NOTE 10 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments were managed by TIAA-CREF, the investment provider and record keeper of the Plan during the year ended December 31, 2025. The total of such investments was $10,196,107 and $8,972,540 on December 31, 2025 and 2024, respectively.

Since all service providers are considered parties-in-interest, such transactions are considered party-in-interest transactions under ERISA regulations. During 2025, investment management and record keeping expenses for these services totaled $55,816, of which $32,937 were indirect investment expenses. The Plan has an arrangement whereby participants receive fee leveling credits. The amount of the credit for the year ended December 31, 2025 was $2,650. The Plan paid TIAA-CREF $46,039, of which $22,879 was paid directly, and the remainder netted with participant investment earnings.

NOTE 11 - RISKS AND UNCERTAINTIES

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

The Plan has a concentration of credit risk in its investment in the fixed annuity insurance company general accounts (Note 5). Management monitors the creditworthiness of the issuer at least annually, to assess continued financial stability. The Plan does not have a policy of requiring collateral or other security to support the risk in financial instruments.

In June 2023 the Plan was notified by TIAA that a potential software breach had occurred at one of its subservice organizations. Plan participants were notified about their options, including credit monitoring. Management has not reported any loss of plan assets as a result of the breach.

The Plan was not covered by an ERISA fidelity bond until December 2020. Management is unaware of any claims or potential claims against the Plan as of the date of these financial statements.

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

December 31, 2025

01-0202467
Plan Number: 002

(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
*	TIAA Traditional Benefit Responsive	Insurance Company General Contract		$ 1,369,467
*	TIAA Traditional Non Benefit Responsive	Insurance Company General Contract		$ 1,174,785
*	TIAA Stable Value	Insurance Company General Contract		$ 216,868
*	CREF Total Global Stock R1	Pooled Separate Account		$ 1,738,535
*	CREF Money Market R1	Pooled Separate Account		$ 4,983
*	CREF Responsible Balanced R1	Pooled Separate Account		$ 112,291
*	CREF Global Equities R1	Pooled Separate Account		$ 716,233
*	CREF Growth R1	Pooled Separate Account		$ 1,013,398
*	CREF S&P 500 Index R1	Pooled Separate Account		$ 858,877
*	CREF Inflation-Linked Bond R1	Pooled Separate Account		$ 23,184
*	TIAA Real Estate	Pooled Separate Account		$ 118,109
*	TIAA Access Nuv Core Equity T4	Pooled Separate Account		$ 79,075
*	TIAA Access Nuv Intl Equity T4	Pooled Separate Account		$ 198,220
*	TIAA Access Nuv Lrg Cap Gr T4	Pooled Separate Account		$ 23,524
*	TIAA Access Nuv Lrg Cap Val T4	Pooled Separate Account		$ 38,884
*	TIAA Access Nuv LifCyc 2020 T4	Pooled Separate Account		$ 301
*	TIAA Access Nuv LifCyc 2035 T4	Pooled Separate Account		$ 28,943
*	TIAA Access Nuv LifCyc 2040 T4	Pooled Separate Account		$ 85,554
*	TIAA Access Nuv LifCyc 2045 T4	Pooled Separate Account		$ 152,931
*	TIAA Access Nuv LifCyc 2050 T4	Pooled Separate Account		$ 20,837
*	TIAA Access Nuv Qnt MdCpGrw T4	Pooled Separate Account		$ 11,247
*	TIAA Access Nuv Mid Cap Val T4	Pooled Separate Account		$ 52,816
*	TIAA Access Nuv RlEstSecSel T4	Pooled Separate Account		$ 22,557
*	TIAA Access Nuv Sm Cp Bl Ix T4	Pooled Separate Account		$ 36,298
*	TIAA Access Nuv Qt Sm Cp Eq T4	Pooled Separate Account		$ 4,635
*	TIAA Access Nuv LgCp Res Eq T4	Pooled Separate Account		$ 8,653
*	CREF Core Bond R1	Pooled Separate Account		$ 251,356
*	Nuveen Internatl Eq Idx R6	Registered Investment Company		$ 491,513
*	Nuveen S&P 500 Index R6	Registered Investment Company		$ 1,338,397
	Vanguard Federal Money Mkt Inv	Registered Investment Company		$ 119,910
	Vanguard Infl Protect Sec Adm	Registered Investment Company		$ 77,160
	Vanguard Small-Cap Idx Adm	Registered Investment Company		$ 155,586
	Vanguard Target Retire 2020	Registered Investment Company		$ 262,317
	Vanguard Target Retire 2025	Registered Investment Company		$ 581,978
	Vanguard Target Retire 2030	Registered Investment Company		$ 812,843
	Vanguard Target Retire 2035	Registered Investment Company		$ 2,105,762
	Vanguard Target Retire 2040	Registered Investment Company		$ 988,612
	Vanguard Target Retire 2045	Registered Investment Company		$ 881,983
	Vanguard Target Retire 2050	Registered Investment Company		$ 439,461
	Vanguard Target Retire 2055	Registered Investment Company		$ 701,759
	Vanguard Target Retire Income	Registered Investment Company		$ 37,949
	Vanguard Ttl Bd Mkt Idx Adm	Registered Investment Company		$ 305,819
	Vanguard Mid-Cap Idx Adm	Registered Investment Company		$ 385,158
*	TIAA Access Nuv LifCyc 2055 T4	Registered Investment Company		$ 3,638
	DFA Real Estate Sec Port Inst	Pooled Separate Account		$ 69,080
	Vanguard Target Retire 2060	Registered Investment Company		$ 166,560
	Vanguard Target Retire 2065	Registered Investment Company		$ 136,583
	Dodge & Cox Global Bond Fund X	Registered Investment Company		$ 4,168

* Considered a party-in-interest, as defined by ERISA
** Cost information is not required for participant-directed investment options

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

December 31, 2025

01-0202467
Plan Number: 002

(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
*	TIAA Traditional Benefit Responsive	Insurance Company General Contract		$ 1,369,467
*	TIAA Traditional Non Benefit Responsive	Insurance Company General Contract		$ 1,174,785
*	TIAA Stable Value	Insurance Company General Contract		$ 216,868
*	CREF Total Global Stock R1	Pooled Separate Account		$ 1,738,535
*	CREF Money Market R1	Pooled Separate Account		$ 4,983
*	CREF Responsible Balanced R1	Pooled Separate Account		$ 112,291
*	CREF Global Equities R1	Pooled Separate Account		$ 716,233
*	CREF Growth R1	Pooled Separate Account		$ 1,013,398
*	CREF S&P 500 Index R1	Pooled Separate Account		$ 858,877
*	CREF Inflation-Linked Bond R1	Pooled Separate Account		$ 23,184
*	TIAA Real Estate	Pooled Separate Account		$ 118,109
*	TIAA Access Nuv Core Equity T4	Pooled Separate Account		$ 79,075
*	TIAA Access Nuv Intl Equity T4	Pooled Separate Account		$ 198,220
*	TIAA Access Nuv Lrg Cap Gr T4	Pooled Separate Account		$ 23,524
*	TIAA Access Nuv Lrg Cap Val T4	Pooled Separate Account		$ 38,884
*	TIAA Access Nuv LifCyc 2020 T4	Pooled Separate Account		$ 301
*	TIAA Access Nuv LifCyc 2035 T4	Pooled Separate Account		$ 28,943
*	TIAA Access Nuv LifCyc 2040 T4	Pooled Separate Account		$ 85,554
*	TIAA Access Nuv LifCyc 2045 T4	Pooled Separate Account		$ 152,931
*	TIAA Access Nuv LifCyc 2050 T4	Pooled Separate Account		$ 20,837
*	TIAA Access Nuv Qnt MdCpGrw T4	Pooled Separate Account		$ 11,247
*	TIAA Access Nuv Mid Cap Val T4	Pooled Separate Account		$ 52,816
*	TIAA Access Nuv RlEstSecSel T4	Pooled Separate Account		$ 22,557
*	TIAA Access Nuv Sm Cp Bl Ix T4	Pooled Separate Account		$ 36,298
*	TIAA Access Nuv Qt Sm Cp Eq T4	Pooled Separate Account		$ 4,635
*	TIAA Access Nuv LgCp Res Eq T4	Pooled Separate Account		$ 8,653
*	CREF Core Bond R1	Pooled Separate Account		$ 251,356
*	Nuveen Internatl Eq Idx R6	Registered Investment Company		$ 491,513
*	Nuveen S&P 500 Index R6	Registered Investment Company		$ 1,338,397
	Vanguard Federal Money Mkt Inv	Registered Investment Company		$ 119,910
	Vanguard Infl Protect Sec Adm	Registered Investment Company		$ 77,160
	Vanguard Small-Cap Idx Adm	Registered Investment Company		$ 155,586
	Vanguard Target Retire 2020	Registered Investment Company		$ 262,317
	Vanguard Target Retire 2025	Registered Investment Company		$ 581,978
	Vanguard Target Retire 2030	Registered Investment Company		$ 812,843
	Vanguard Target Retire 2035	Registered Investment Company		$ 2,105,762
	Vanguard Target Retire 2040	Registered Investment Company		$ 988,612
	Vanguard Target Retire 2045	Registered Investment Company		$ 881,983
	Vanguard Target Retire 2050	Registered Investment Company		$ 439,461
	Vanguard Target Retire 2055	Registered Investment Company		$ 701,759
	Vanguard Target Retire Income	Registered Investment Company		$ 37,949
	Vanguard Ttl Bd Mkt Idx Adm	Registered Investment Company		$ 305,819
	Vanguard Mid-Cap Idx Adm	Registered Investment Company		$ 385,158
*	TIAA Access Nuv LifCyc 2055 T4	Registered Investment Company		$ 3,638
	DFA Real Estate Sec Port Inst	Pooled Separate Account		$ 69,080
	Vanguard Target Retire 2060	Registered Investment Company		$ 166,560
	Vanguard Target Retire 2065	Registered Investment Company		$ 136,583
	Dodge & Cox Global Bond Fund X	Registered Investment Company		$ 4,168

* Considered a party-in-interest, as defined by ERISA
** Cost information is not required for participant-directed investment options