

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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:	☐ 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 <u>NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN</u> 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) <u>NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION</u> <u>WANNALANCIT MILLS</u> <u>650 SUFFOLK STREET, SUITE 410</u> <u>LOWELL, MA 01854</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-6004735</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>978-323-7929</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1997</u>		2b Employer Identification Number (EIN) <u>04-6004735</u>		2c Plan Sponsor's telephone number <u>978-323-7929</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1997</u>											
2b Employer Identification Number (EIN) <u>04-6004735</u>											
2c Plan Sponsor's telephone number <u>978-323-7929</u>											
2d Business code (see instructions) <u>813000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2022	SUSAN J. SULLIVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2022	SUSAN J. SULLIVAN
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	159
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)	115
a(2) Total number of active participants at the end of the plan year		6a(2)	111
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	51
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	162
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	143
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION	D Employer Identification Number (EIN) 04-6004735

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B0-HG8K	16	01/01/2021	12/31/2021

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
830	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORKS LLC
2301 ROSECRANS AVE, SUITE 5100
EL SEGUNDO, CA 90245-5670

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
445	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VOYA FINANCIAL ADVISORS, INC.
ONE ORANGE WAY, A1S
WINDSOR, CT 06095-2803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
385	0		3

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

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	320426
c	Additions: (1) Contributions deposited during the year	7c(1)	17007
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	0
	(4) Transferred from separate account.....	7c(4)	46794
	(5) Other (specify below)	7c(5)	0
	(6) Total additions	7c(6)	63801
d	Total of balance and additions (add lines 7b and 7c(6))	7d	384227
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier.....	7e(2)	1
	(3) Transferred to separate account.....	7e(3)	25687
	(4) Other (specify below)	7e(4)	0
	(5) Total deductions	7e(5)	25688
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	358539

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION	D Employer Identification Number (EIN) 04-6004735	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CETERA ADVISOR NETWORKS LLC	2301 ROSECRANS AVENUE, SUITE 5100 EL SEGUNDO, CA 90245-5670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VOYA FINANCIAL ADVISORS, INC.	699 WALNUT ST., SUITE 100 DES MOINES, IA 50309-2803

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

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

NATIONWIDE TRUST COMPANY, FSB

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
18 64		85704	Yes ☐ No ☒	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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)

(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 ☐

(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
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(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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION	D Employer Identification Number (EIN) 04-6004735	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	579539	551414
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	82432	64788
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16721091	17723686
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	320426	358538
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17703488	18698426

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17703488	18698426
---	-----------	----------	----------

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)	551414	
(B) Participants	2a(1)(B)	629321	
(C) Others (including rollovers).....	2a(1)(C)	202239	
(2) Noncash contributions.....	2a(2)	0	1382974
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	3751	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3751
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2732206
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		4118931
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3009027	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3009027
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		27359
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	1903	
(3) Investment advisory and management fees.....	2i(3)	85704	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		87607
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3123993
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		994938
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ANSTISS & CO., P.C.

(2) EIN: 04-2917204

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION		D Employer Identification Number (EIN) 04-6004735
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275255		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**New England Interstate Water Pollution
Control Commission 403(B) Tax
Sheltered Retirement Plan**

Financial Statements

December 31, 2021 and 2020

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*Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditors' Report

To the Plan Administrator of the
New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Lowell, Massachusetts

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

We were engaged to performed an audit of the accompanying financial statements of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement 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, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement 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 audit 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan does not have sufficient accounting records and supporting documents relating to individual participant contributions, income allocations, forfeitures and the propriety of distributions to participants that would affect the account balances accumulated from inception of the Plan, and were unable to satisfy ourselves as to the basis of the participants' equity as stated as of December 31, 2021. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement 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

Our responsibility is to conduct an audit of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedules Required by ERISA

The supplemental schedule of Investments held at End of Year is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above



Anstiss & Co., P.C.
Chelmsford, Massachusetts
July 22, 2022

Independent Auditors' Report

To the Plan Administrator of the
New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Lowell, Massachusetts

We were engaged to audit the accompanying statement of net assets available for benefits of New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Mutual Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the agent on behalf of the custodian as of December 31, 2020, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

In addition, the Plan has not maintained sufficient accounting records and documents supporting individual participant contributions, income allocations, forfeitures and the propriety of distributions to participants that would affect the account balances accumulated from inception of the Plan, and we were unable to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2020.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Anstiss & Co., P.C.
Chelmsford, Massachusetts
July 22, 2022

New England Interstate Water Pollution Control Commission
403(b) Tax Sheltered Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments		
Investments, at fair value	\$ 17,723,686	\$ 16,721,091
Investments, at contract value	358,538	320,426
Total investments	<u>18,082,224</u>	<u>17,041,517</u>
Receivables		
Employer contributions	551,414	579,539
Notes receivable from participants	64,788	82,432
Total receivables	<u>616,202</u>	<u>661,971</u>
Net assets available for benefits	<u><u>\$ 18,698,426</u></u>	<u><u>\$ 17,703,488</u></u>

See accompanying notes to the financial statements.

New England Interstate Water Pollution Control Commission
403(B) Tax Sheltered Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions

Investment income

Net appreciation in value of investments \$ 1,830,513

Interest and dividend income 901,693

Total investment income 2,732,206

Interest income on notes receivable from participants 3,751

Contributions

Participants 629,321

Employer 551,414

Rollovers 202,239

Total contributions 1,382,974

Total additions 4,118,931

Deductions

Benefits paid directly to participants 3,009,027

Deemed distributions 27,359

Administrative expenses 87,607

Total deductions 3,123,993

Net increase 994,938

Net assets available for benefits:

Beginning of year 17,703,488

End of year \$ 18,698,426

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 1 – Description of the Plan

The following description of the New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan (the “Plan”) provides only general information. Participants should refer to the “Summary Plan Description” and the Plan document for a more complete description of the Plan’s provisions. Copies are available from the Plan Administrator.

General

The Plan is a defined contribution and tax-sheltered annuity plan covering all employees except for non-resident aliens with no United States source income and enrolled employees of the New England Interstate Water Pollution Control Commission (the “Plan Sponsor”). The Plan was established on January 1, 1997, was restated retroactively as of January 1, 2010, to comply with IRS regulations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan Sponsor has appointed an investment custodian, Nationwide Financial Services, Inc. (“Nationwide”), to hold the Plan’s assets and execute investment transactions for the years ended December 31, 2021 and 2020.

Eligibility

Employees are immediately eligible upon hire to participate in employee deferral contributions. Employees become eligible for participation in employer non-elective contributions upon attaining the age of 21, attain one year of service and be employed at the end of the Plan year. A year of service is defined as working at least 1,000 hours of service within a Plan year.

Contributions

The Plan provides for employee deferrals, after tax Roth contributions and employer non-elective contributions. All contributions are based on W-2 wages. Participants may contribute up to the maximum allowable employee deferral contribution under the Internal Revenue Code (“IRC”), or \$19,500 for the years 2021 and 2020. The Plan provides that Participants who are projected to be age 50 or older by the end of the calendar year and who are making employee deferral contributions to the Plan may also make a catch-up contribution of \$6,500 for the years 2021 and 2020. For the years ended December 31, 2021 and 2020, non-elective employer contributions are fixed at 10% of each participant’s eligible compensation. Rollover contributions from other qualified plans are also allowed.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 1 – Description of the Plan (continued)

Vesting

Participants are immediately vested 100% in both their deferral contributions and employer nonelective contributions, plus actual earnings thereon.

Participant Accounts

Each Participant's account is credited with the Participant's contributions and allocations of (a) the Plan Sponsor's contributions, (b) Plan earnings or losses, and (c) administrative expenses, if any. Allocations are based on Participant earnings or account balances, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Notes Receivable from Participants

Eligible Participants may borrow and carry up to two loans from their Plan accounts in amounts that can be adequately secured by the Participant's vested balance, for a maximum term of five years, if the loan is for the purchase of a principal residence, the term of the loan may be extended. A Participant may borrow a maximum of 50% of his or her eligible balance up to \$50,000. The minimum loan amount is \$1,000. The loan balance is secured by the Participant's account and the interest rate is fixed at the inception of the loan in an amount equal to prime interest plus 1%. The interest rate charged on loans outstanding as of December 31, 2021 is between 4.25% - 5.25% per annum, and the loans mature on various dates through February 2026.

Plan Investments

The Plan's investments are held by Nationwide in various mutual funds and a group annuity contract. Participants are able to direct their contributions, Plan Sponsor non-elective contributions and any related earnings among various investment options offered by the Plan. The Plan currently offers several investment options within mutual funds for Participants. Participant accounts are updated daily for any investment earnings or losses.

Benefits and Withdrawals

Vested benefits are paid to Participants or their beneficiaries upon retirement, death, disability or termination of employment with the Plan Sponsor. In the event of the above, the Participants may elect annual installments or a lump sum amount equal to the value of their vested interest in their plan account.

Hardship withdrawals are allowed under the provisions of the Plan and cannot exceed the amount required to meet the immediate financial need created by the hardship.

Active employees are allowed to take in-service withdrawals for pre-tax, Roth, and employer non-elective contributions at age 59.5. Withdrawals of rollover contributions are allowed at any time.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 1 – Description of the Plan (continued)

Benefits and Withdrawals (continued)

Following severance from employment the Plan provides that related participant account balances of \$5,000 or less may be immediately distributed to the participant.

Note 2 – Significant Accounting Policies

Basis of Accounting

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

Fair Value Measurements

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 2 – Significant Accounting Policies (continued)

Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds: Valued at the quoted net asset value for shares held by the Plan at year end.

Guaranteed group annuity investment contract: Stated at contract value and is based on the current interest rates credited to the contract, less any contingent deferred sales charges.

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

Investment Valuation and Income Recognition

The guaranteed group annuity investment contract is stated a contract value. All other investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Contributions

Contributions from the Plan Sponsor accrued as of December 31, 2021 and 2020, based upon the contribution formula. Participants' contributions are recorded in the period in which their payroll deductions are withheld.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 2 – Significant Accounting Policies (continued)

Benefits Paid Directly to Participants

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan Sponsor. A total of \$27,560 in consulting and fiduciary investment management fees was paid by the Plan Sponsor for the year ended December 31, 2021. All Participant related administrative expenses and fees for maintenance of individual loans and distributions are deducted from the Participants' respective accounts. All investment related expenses are included in net appreciation in fair value of investments.

Estimates

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

Note 3 – Information Certified by the Plan's Custodian

The December 31, 2021 and 2020 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by Nationwide Mutual Insurance Company, the custodian of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Custodian has certified that the following data included in the accompanying financial statements as of December 31, 2021 and 2020 and for the year ended December 31, 2021 is complete and accurate.

	<u>2021</u>	<u>2020</u>
Investments, at fair value	\$17,723,686	\$16,721,091
Investments, at contract value	358,538	320,426
Investment income	2,732,206	
Administrative expenses	87,607	

The Plan's independent auditors did not perform auditing procedures with respect to this information other than comparing such information to the related information included in the financial statements and supplemental schedule.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 4 – Fair Value of Investments

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31:

		2021			
		Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
	Total				
Mutual funds	\$ 17,723,686	\$ 17,723,686	\$ -	\$ -	
Total	\$ 17,723,686	\$ 17,723,686	-	\$ -	

		2020			
		Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
	Total				
Mutual funds	\$ 16,721,091	\$ 16,721,091	\$ -	\$ -	
Total	\$ 16,721,091	\$ 16,721,091	-	\$ -	

Note 5 – Investment Contract with Insurance Company

In 2005, the Plan entered into a fully benefit-responsive group annuity guaranteed investment contract with Nationwide Financial Services, Inc. ("Nationwide"). Nationwide maintains all investment contributions in a general account. The account is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified rate that is guaranteed to the Plan.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, administrative expenses and contingent deferred sales charges. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 5 – Investment Contract with Insurance Company (continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2021 and 2020 was \$358,538 and \$320,426, respectively.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) reduction of the number of participants by more than 15%, (2) plan termination, or (3) plan merger. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

Note 6 – Exempt Party-in-Interest Transactions

Certain Plan investments are managed by Nationwide. Nationwide is the custodian as defined by the Plan, and therefore, these investments and investment transactions qualify as exempt party-in-interest transactions. Fees are also paid by the plan and its sponsor for investment management fees and services.

Note 7 – Risks and Uncertainties

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

On March 11, 2020, the World Health Organization characterized an outbreak of a novel strain of coronavirus (COVID-19) as a pandemic. In addition, multiple jurisdictions in the U.S., including Massachusetts, have declared a state of emergency. It is anticipated that these impacts will continue for some time. Since December 31, 2021, major U.S. and foreign stock indices have continued to experience significant volatility and declines due to the COVID-19 pandemic. The Plan Sponsor is monitoring investment market conditions and the impact such declines are having on the Plan's investment portfolio. There is significant uncertainty regarding the impact that the current volatility will have on the future value of the Plan's investment portfolio.

**New England Interstate Water Pollution Control
Commission 403(B) Tax Sheltered Retirement Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Note 8 – Tax Status

The Plan has obtained an opinion letter, issued to FIS Business Systems, LLC (the Plan's Third-Party Administrator) from the IRS dated March 31, 2017, stating that the prototype plan is acceptable under section 403(b) of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to examination for years prior to 2018.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in the Plan Sponsor contribution portion of their account.

Note 10 – Subsequent Events

FASB ASC 855-10, "*Subsequent Events*" defines further disclosure requirements for events that occur after the balance sheet date but before financial statements are issued. In accordance with ASC 855-10, the Plan's Sponsor has evaluated events subsequent to December 31, 2021 through July 22, 2022, which is the issuance date of this report.

There has been no material event noted during this period that would either impact the results reflected in this report or the Plan's results going forward.

New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I
EIN # 04-6004735
Plan# 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment, Including Maturity		
	Borrower, Lessor or	Date, Rate of Interest, Collateral, Par or		Current
	Similar Party	Maturity Value	Cost	Value
	Putnam Growth Opportunities Fund Class Y	Mutual Fund	**	\$ 1,920,027
	Fidelity 500 Index	Mutual Fund	**	1,729,124
	JPMorgan Equity Income R5	Mutual Fund	**	1,253,214
	Vanguard Balanced index Adm	Mutual Fund	**	973,398
*	Nationwide Geneva Small Cap Gr Instl Svc Fund	Mutual Fund	**	948,894
	Vanguard Total Stock Mkt Idx Fund As	Mutual Fund	**	847,697
	Victory Sycamore Established Value Fund I	Mutual Fund	**	726,727
	Artisan International Value Inst	Mutual Fund	**	700,675
	TIAA-CREF Lifecycle Index 2035 Inst	Mutual Fund	**	668,637
	TIAA-CREF Lifecycle Index 2025 Inst	Mutual Fund	**	566,583
	Cohen & Steers Real Estate Securities I	Mutual Fund	**	506,856
	Fidelity US Bond Index	Mutual Fund	**	482,150
	TIAA-CREF Lifecycle Index 2045 Inst	Mutual Fund	**	461,455
	Baird Core Plus Bond Inst	Mutual Fund	**	460,615
	Vanguard Wellesley Income Admiral	Mutual Fund	**	416,156
	Vanguard Total Intl Stock Market Index Admiral	Mutual Fund	**	406,893
	Federated Hermes Short Term Total Return Bd Inst	Mutual Fund	**	362,296
	Boa-Indexed Fixed Contract	Investment Contract	**	358,538
	American Funds New World R6	Mutual Fund	**	306,309
	BlackRock Strategic Income Opportunities I	Mutual Fund	**	221,249
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	**	213,923
	TIAA-CREF Lifecycle Index 2055 Inst	Mutual Fund	**	209,262
	Federated Hermes Government Obligations Fund	Mutual Fund	**	204,909
	Metropolitan West Total Return Bond I	Mutual Fund	**	187,293
	Vanguard GNMA Fund Admiral Shares	Mutual Fund	**	153,350
	Pax Sustainable Allocation Fund Class Institutional	Mutual Fund	**	143,724
	TIAA-CREF Lifecycle Index 2060 Inst	Mutual Fund	**	143,048
	TIAA-CREF Lifecycle Index 2030 Inst	Mutual Fund	**	134,848
	Vanguard International Growth Fund	Mutual Fund	**	130,195
	Fidelity International Index	Mutual Fund	**	116,862

New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan
Schedule H. Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

Schedule I
EIN # 04-6004735
Plan# 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Columbia Select Large Cap Growth Inst 2	Mutual Fund	**	113,180
	DFA Inflation-Protected Securities Inst	Mutual Fund	**	110,276
	TIAA-CREF Lifecycle Index 2050 Inst	Mutual Fund	**	109,281
	Dodge & Cox International Stock Fund	Mutual Fund	**	108,256
	GS GQG Partners Intl Opportunities Fund Class R6	Mutual Fund	**	107,683
	DFA US Large Cap Value Inst	Mutual Fund	**	103,427
	DFA Emerging Market Core Equity Inst	Mutual Fund	**	93,279
*	Nationwide Loomis All Cap Gr R6	Mutual Fund	**	84,556
*	Nationwide International Small Cap R6	Mutual Fund	**	66,936
	PGIM Total Return Bond Fund R6	Mutual Fund	**	65,843
	JPMorgan Core Plus Bond R6	Mutual Fund	**	59,866
	Fidelity Inflation-Protected bond Index	Mutual Fund	**	55,632
	PIMCO Real Return Fund Institutional Class	Mutual Fund	**	54,252
	Vanguard Total Intl Bd Idx Admiral	Mutual Fund	**	52,131
	BlackRock Mid-Cap Growth Equity Inst	Mutual Fund	**	51,864
	Diamond Hill Mid Cap I	Mutual Fund	**	50,662
	Federated Hermes Instl High Yield Bond Instl	Mutual Fund	**	50,603
	Vanguard Inflation Protected Securities Fund Adml	Mutual Fund	**	45,652
	BlackRock High Yield Bond Portfolio K	Mutual Fund	**	44,862
	Brown Advisory Sustainable Growth Fund	Mutual Fund	**	39,153
	AB Global Bond Fund I	Mutual Fund	**	38,492
	PGIM Total Return Bond Fund Z	Mutual Fund	**	36,225
	PGIM High Yield Fund Class Z	Mutual Fund	**	35,616
	TRP Spectrum Moderate Growth Allocation	Mutual Fund	**	35,023
	MFS Value R6	Mutual Fund	**	34,571
	Columbia Convertible Securities Inst 2	Mutual Fund	**	34,175
	Vanguard Target Retirement 2060 Inv	Mutual Fund	**	31,001
	Principal Global Real Estate Securities Fund R6	Mutual Fund	**	30,660
	PIMCO Commodity RealReturn Strategy Fund Instl	Mutual Fund	**	28,914
	DFA US Small Cap Inst	Mutual Fund	**	28,333

New England Interstate Water Pollution Control Commission 403(B) Tax Sheltered Retirement Plan
Schedule H. Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

EIN # 04-6004735
Plan# 001

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	TIAA-CREF Lifecycle Index 2020 Inst	Mutual Fund	**	27,639
	Vanguard Explorer Adm	Mutual Fund	**	26,346
	Legg Mason ClearBridge International Small Cap Fund I	Mutual Fund	**	25,935
	Avantis US Small Cap Value Instl	Mutual Fund	**	25,501
	BlackRock Total Return K	Mutual Fund	**	24,941
	Aberdeen Global Equity Inst	Mutual Fund	**	20,751
	PIMCO International Bond Fund Instl	Mutual Fund	**	20,653
	Invesco Oppenheimer International Growth Y	Mutual Fund	**	19,879
	Prudential Global Real Estate Z	Mutual Fund	**	18,456
	MFS Research R4	Mutual Fund	**	18,199
	Fidelity Total International Index Fund	Mutual Fund	**	16,317
	Franklin Templeton Global Bond Adv	Mutual Fund	**	14,170
	American Century Short Duration Inflation Bond	Mutual Fund	**	13,967
	American Beacon International Eq R5	Mutual Fund	**	13,179
	Calvert International Equity Fund Class A	Mutual Fund	**	10,879
	Principal MidCap Value I Inst	Mutual Fund	**	9,368
	JPMorgan Small Cap Value R6	Mutual Fund	**	8,811
	FAM Dividend Focus Fund Inv	Mutual Fund	**	4,192
	Harbor International Growth Fund Inst	Mutual Fund	**	2,133
	American Beacon Stephens Mid-Cap Growth Inv	Mutual Fund	**	1,666
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	1,362
	DFA US Targeted Value Inst	Mutual Fund	**	1,013
	Principal Real Estate Securities Inst	Mutual Fund	**	647
	Nuveen High Yield Income Fund Class I	Mutual Fund	**	436
	TIAA-CREF Lifecycle Index 2015 Inst	Mutual Fund	**	307
	Franklin Templeton Global Bond R6	Mutual Fund	**	166
*	Participant Loans	Loan rate 4.25-5.25%	-0-	64,788
				<u>\$ 18,147,012</u>

* Represents party in interest

** Costs omitted for participant directed investments.

The above information has been certified by Nationwide Financial Services, Inc., the custodian of the Plan, as complete and accurate.

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
B This return/report is:	☒ a single-employer plan; ☐ a DFE (specify) _____	
	☐ the first return/report; ☐ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	► ☐	
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	► ☐	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403 (B) TAX SHELTERED ANNUITY PLAN	1b Three-digit plan number (PN) ►	001
	1c Effective date of plan	01/01/1997
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) NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION WANNALANCIT MILLS 650 SUFFOLK STREET, SUITE 410 US LOWELL MA 01854	2b Employer Identification Number (EIN) 04-6004735 2c Plan Sponsor's telephone number (978) 323-7929 2d Business code (see instructions) 813000	

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

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

SIGN HERE		8/1/22	SUSAN J. SULLIVAN
	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

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 159
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) 115
a(2) Total number of active participants at the end of the plan year	6a(2) 111
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 51
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 162
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 143
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN

Employer Identification Number

04-6004735

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY, FSB	AB GLBL BD I		38,492
	NATIONWIDE TRUST COMPANY, FSB	ABRDEN GLBL EQ INST		20,751
	NATIONWIDE TRUST COMPANY, FSB	AMBCN INTL EQ R5		13,179
	NATIONWIDE TRUST COMPANY, FSB	AMBEN STEPHNSMDCAPGR INV		1,666
	NATIONWIDE TRUST COMPANY, FSB	AMCENT SHTDRINFLPRTBD R5		13,967
	NATIONWIDE TRUST COMPANY, FSB	AMFDS NEW WLD R6		306,309
	NATIONWIDE TRUST COMPANY, FSB	ARTISAN INTL VAL INST		700,675
	NATIONWIDE TRUST COMPANY, FSB	AVNTS US SMCAP VAL INST		25,501
	NATIONWIDE TRUST COMPANY, FSB	BAIRD COR PLS BD INST		460,615
	NATIONWIDE TRUST COMPANY, FSB	BLKRK HI YLD BD PORT K		44,862
	NATIONWIDE TRUST COMPANY, FSB	BLKRK MIDCAP GR EQ INST		51,864
	NATIONWIDE TRUST COMPANY, FSB	BLKRK STRATINC OPFR I		221,249
	NATIONWIDE TRUST COMPANY, FSB	BLKRK TTL RTN K		24,941
	NATIONWIDE TRUST COMPANY, FSB	BRWNADV SUSTNBL GR INST		39,153
	NATIONWIDE TRUST COMPANY, FSB	CLVRT INTL EQ I		10,879
	NATIONWIDE TRUST COMPANY, FSB	COHENSTRS REALEST SEC INST		506,856
	NATIONWIDE TRUST COMPANY, FSB	COL CONV SEC INST2		34,175
	NATIONWIDE TRUST COMPANY, FSB	COL SEL LGCAP GR INST2		113,180
	NATIONWIDE TRUST COMPANY, FSB	DFA INFL PRTCT SEC INST		110,276
	NATIONWIDE TRUST COMPANY, FSB	DFA US LGCAP VAL INST		103,427
	NATIONWIDE TRUST COMPANY, FSB	DFA US SMCAP INST		28,333
	NATIONWIDE TRUST COMPANY, FSB	DFA US TRGT VAL INST		1,013
	NATIONWIDE TRUST COMPANY, FSB	DIAMOND HILL MDCAP I		50,662
	NATIONWIDE TRUST COMPANY, FSB	DODGECOX INTL STK		108,256
	NATIONWIDE TRUST COMPANY, FSB	FAM DIVDE FOCS INV		4,192
	NATIONWIDE TRUST COMPANY, FSB	FED HRMS GOV OBLGTNS PRMR		204,909
	NATIONWIDE TRUST COMPANY, FSB	FED HRMS INST HIYLD INST		50,603
	NATIONWIDE TRUST COMPANY, FSB	FED HRMS SHINTDTLRTBD INST		362,296
	NATIONWIDE TRUST COMPANY, FSB	FID 500 INDX		1,729,124
	NATIONWIDE TRUST COMPANY, FSB	FID INFL PRTCT BD INDX		55,632
	NATIONWIDE TRUST COMPANY, FSB	FID INTL INDX		116,862
	NATIONWIDE TRUST COMPANY, FSB	FID US BD INDX		482,150
	NATIONWIDE TRUST COMPANY, FSB	FNKLNTMP GLBL BD ADV		14,170
	NATIONWIDE TRUST COMPANY, FSB	FNKLNTMP GLBL BD R6		168
	NATIONWIDE TRUST COMPANY, FSB	GDMNBSCS GQGPTNRINTLOPPR R6		107,683
	NATIONWIDE TRUST COMPANY, FSB	HARBOR INTL GR INST		2,133
	NATIONWIDE TRUST COMPANY, FSB	INVSCO OPP INTL GR Y		19,879
	NATIONWIDE TRUST COMPANY, FSB	JPM COR PPLS BD R6		59,866
	NATIONWIDE TRUST COMPANY, FSB	JPM EQ INC R5		1,253,214

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 403(B) TAX SHELTERED ANNUITY PLAN

Employer Identification Number

04-6004735

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY, FSB	JPM SMCAP VAL R6		8,811
	NATIONWIDE TRUST COMPANY, FSB	LEGGM CLRBRDG INTLSMCAP I		25,935
	NATIONWIDE TRUST COMPANY, FSB	MFS RSRCH R4		18,199
	NATIONWIDE TRUST COMPANY, FSB	MFS VAL R6		34,571
	NATIONWIDE TRUST COMPANY, FSB	METWEST TTL RTN BD I		187,293
	NATIONWIDE TRUST COMPANY, FSB	NW GENEVA SMCAPGR INST SVC		948,894
	NATIONWIDE TRUST COMPANY, FSB	NW INTL SMCAP R6		66,936
	NATIONWIDE TRUST COMPANY, FSB	NW LOOMIS ALLCAP GR R6		84,556
	NATIONWIDE TRUST COMPANY, FSB	NUVN HI YLD INC I		436
	NATIONWIDE TRUST COMPANY, FSB	PGIM HI YLD Z		35,616
	NATIONWIDE TRUST COMPANY, FSB	PGIM TTL RTN BD R6		65,843
	NATIONWIDE TRUST COMPANY, FSB	PGIM TTL RTN BD Z		36,225
	NATIONWIDE TRUST COMPANY, FSB	PIMCO INTL BDUSDLRHDGINST		20,653
	NATIONWIDE TRUST COMPANY, FSB	PIMCO REAL RTN INST		54,252
	NATIONWIDE TRUST COMPANY, FSB	PIMCOCOMDYREALRTNSTRATINST		28,914
	NATIONWIDE TRUST COMPANY, FSB	PAX SUSTNBL ALLOC INST		143,724
	NATIONWIDE TRUST COMPANY, FSB	PRNCPL GLBL REALEST R6		30,660
	NATIONWIDE TRUST COMPANY, FSB	PRNCPL MDCAP VAL I INST		9,368
	NATIONWIDE TRUST COMPANY, FSB	PRNCPL REALEST SEC INST		647
	NATIONWIDE TRUST COMPANY, FSB	PRUDNTL GLBL REALEST Z		18,456
	NATIONWIDE TRUST COMPANY, FSB	PTNM GR OPFR Y		1,920,027
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2015 INST		307
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2020 INST		27,639
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2025 INST		566,583
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2030 INST		134,848
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2035 INST		668,637
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2045 INST		461,455
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2050 INST		109,281
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2055 INST		209,262
	NATIONWIDE TRUST COMPANY, FSB	TIAACRF LFCYCIND 2060 INST		143,048
	NATIONWIDE TRUST COMPANY, FSB	TROWEPR BLUE CHIP GR		213,923
	NATIONWIDE TRUST COMPANY, FSB	TROWEPR SPCTRMMODGRALLOC		35,023
	NATIONWIDE TRUST COMPANY, FSB	VIC SYS ESTBLSHD VAL I		726,727
	NATIONWIDE TRUST COMPANY, FSB	VNGRD BAL INDX ADML		973,398
	NATIONWIDE TRUST COMPANY, FSB	VNGRD EXPLR ADML		26,346
	NATIONWIDE TRUST COMPANY, FSB	VNGRD GNMA ADML		153,350
	NATIONWIDE TRUST COMPANY, FSB	VNGRD INFL PRTCT SEC ADML		45,652
	NATIONWIDE TRUST COMPANY, FSB	VNGRD INTL GR ADML		130,195
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2060 INV		31,001

[illegible]