

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.</u>	1b Three-digit plan number (PN) ▶	<u>002</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>THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.</u> <u>7 KENOSIA AVE</u> <u>DANBURY, CT 06810-7326</u>		
1c Effective date of plan <u>02/01/1992</u>		
2b Employer Identification Number (EIN) <u>13-3223946</u>		
2c Plan Sponsor's telephone number <u>203-744-0100</u>		
2d Business code (see instructions) <u>621399</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.	10/16/2023	NORINE MCARDLE
	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 (2022)
v. 220413

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	5 132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 96 6a(2) 92 6b 1 6c 53 6d 146 6e 0 6f 146 6g 146 6h 13
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: 2G 3D 2J 2E 2S 2T 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) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	D Employer Identification Number (EIN) 13-3223946	

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 MUTUAL OF AMERICA SEC. CORP LLC
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	012023	146	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1107

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
HARTFORD 95 GLASTONBURY BLVD. SUITE 410 GLASTONBURY, CT 06033-4414

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1107	INCENTIVE COMPENSATION	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	

(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	179541
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6019296

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

Specify nature of costs ▶

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

318204

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

46463

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

946

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

7c(4)

200000

(5) Other (specify below)

7c(5)

1148

▶ **FORFEITURE ADDITION**

(6) Total additions.....

7c(6)

248557

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

566761

e Deductions:

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

7e(1)

364696

(2) Administration charge made by carrier.....

7e(2)

17

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

7e(3)

22507

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

387220

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

179541

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	D Employer Identification Number (EIN) 13-3223946

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

(a) Name of insurance carrier TIAA

(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
				01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	113177
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	747299

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	113979
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c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	4068	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions.....	7c(6)	4068
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	118047
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4870	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	4870
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	113177
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	D Employer Identification Number (EIN) 13-3223946

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65 37	INSURANCE CARRIER	428	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.	D Employer Identification Number (EIN) 13-3223946	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA			
c EIN-PN 13-1614399-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5839621	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.</u>	D Employer Identification Number (EIN) <u>13-3223946</u>	

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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)		
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)	4652	1821
	(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)	7183302	6382982
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	427531	290897
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7615485	6675700

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7615485	6675700
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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)	405943	
(B) Participants	2a(1)(B)	583349	
(C) Others (including rollovers)	2a(1)(C)	24919	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1014211
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)	0	
(F) Other	2b(1)(F)	5014	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5014
(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)		
(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)		
(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)		-1237285
(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)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-218060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	721283	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		721283
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	442	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		442
j Total expenses. Add all expense amounts in column (b) and enter total	2j		721725
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-939785
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: **AAFCPAS, INC.**

(2) EIN: **04-2571780**

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		45226

	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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.		D Employer Identification Number (EIN) 13-3223946
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): 13-3590259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



**403(B) THRIFT PLAN FOR EMPLOYEES OF
THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.**

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2022 AND 2021 AND
FOR THE YEAR ENDED DECEMBER 31, 2022**

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Contents
December 31, 2022 and 2021

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Independent Auditor's Report

To the Plan Administrator of
403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc.:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc, 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, 2022, 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 (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc.'s 2022 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 certifications from qualified institutions as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2022 Financial Statements

We do not express an opinion on the accompanying 2022 financial statements of 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements 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 on the 2022 Financial Statements

As described in Note 11 to the financial statements, 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. 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 2022 Financial Statements

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

Responsibilities of Management for the 2022 Financial Statements (Continued)

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 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc.'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 2022 Financial Statements

Our responsibility is to conduct an audit of 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc.'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 on the 2022 Financial Statements 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 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc., and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matter

2022 Supplemental Schedules Required by ERISA

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022, are 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 on the 2022 Financial Statements section, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Accountant's Compilation Report on the 2021 Financial Statements

Management is responsible for the accompanying statement of net assets available for benefits of 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc. as of December 31, 2021, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this financial statement.

AAFCPA, Inc.

Westborough, Massachusetts
October 12, 2023

403(B) THRIFT PLAN FOR THE EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

Assets	2022	2021
	(Audited)	(Compiled)
Investments, at fair value:		
Separate accounts	\$ 5,839,621	\$ 6,436,003
Variable annuities	<u>543,361</u>	<u>747,299</u>
Total investments, at fair value	<u>6,382,982</u>	<u>7,183,302</u>
Investments, at contract value:		
Interest accumulation account	179,541	318,204
TIAA traditional annuity contract	<u>113,177</u>	<u>113,979</u>
Total investments, at contract value	<u>292,718</u>	<u>432,183</u>
Net Assets Available for Benefits	<u><u>\$ 6,675,700</u></u>	<u><u>\$ 7,615,485</u></u>

403(B) THRIFT PLAN FOR THE EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions to Net Assets Attributed to:

Investment income (loss):

Interest and dividends	\$ 5,014
Net depreciation of investments	<u>(1,237,285)</u>

Total investment loss	<u>(1,232,271)</u>
-----------------------	--------------------

Contributions:

Participant	583,349
Employer	405,943
Rollover	<u>24,919</u>

Total contributions	<u>1,014,211</u>
---------------------	------------------

Total additions, net of investment loss	<u>(218,060)</u>
---	------------------

Deductions from Net Assets Attributed to:

Benefits paid to participants	721,283
Administrative expenses	<u>442</u>

Total deductions	<u>721,725</u>
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Net decrease	(939,785)
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Net Assets Available for Benefits:

Beginning of year	<u>7,615,485</u>
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End of year	<u><u>\$ 6,675,700</u></u>
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403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN

The following description of 403(b) Thrift Plan for the Employees of The National Organization for Rare Disorders, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan is a tax-deferred savings plan covering substantially all employees of The National Organization for Rare Disorders, Inc. (the Plan Sponsor) (NORD). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

b. Eligibility

All employees are eligible to participate in the Plan upon employment, excluding non-resident aliens and independent contractors. Participants are eligible for the Plan Sponsor non-elective 5% base contribution upon employment.

c. Contributions

Each year, participants may contribute a percentage up to 100% of pre-tax annual compensation, up to the maximum allowed by the Internal Revenue Services (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at 3% which escalates annually 1% up to a maximum of 7%. Participants may opt-out or elect a different deferral amount at any time. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan Sponsor provides for a non-elective 5% base contribution for employees that are participating in the Plan which totaled \$405,943 for the year ended December 31, 2022.

d. Participant Accounts

Each participant's account is credited with the participant's contributions and the Plan Sponsors' contributions, plus an allocation of Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's earnings, account balances or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

e. Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Participants become vested in the employer non-elective contributions based on years of service as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2 years	0%
Less than 3 years	25%
Less than 4 years	50%
Less than 5 years	75%
5 years or more	100%

Participants become 100% vested upon death or disability.

f. Plan Loans

The Plan allows for participants to borrow directly from Mutual of America Life Insurance Company (Mutual of America), a qualified institution, with their account balance acting as collateral. Participants may borrow a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan allowed is \$1,000. The loan terms cannot exceed five years, unless for the loan is used to acquire a principal residence, in which case the maximum repayment period is ten years. Principal and interest are paid directly to Mutual of America through payroll deductions. There were \$1,821 and \$4,652 in loan collateral amounts with Mutual of America as of December 31, 2022 and 2021, respectively, which are included in the investment contracts in the accompanying statements of net assets available for benefits.

g. Payment of Benefits

Upon normal retirement at age 65 or termination of services, a participant may elect to receive a lump-sum equal to the value of the participant's vested account balance or leave their balance in the Plan if the balance is over \$1,000. The Plan allows for early retirement at the age of 55. The Plan requires balances up to \$1,000 be paid out to participants upon termination. There are also retirement benefits available upon disability or death.

The Plan allows in-service withdrawals upon attainment of age 59½. A participant may also request a withdrawal upon demonstration to the Plan Administrator that they are suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the Internal Revenue Code (IRC) or standards established by the Secretary of the Treasury or their delegate.

h. Forfeitures

Forfeitures represent non-vested employer contributions forfeited by participants who terminate their employment or who withdraw from the Plan. Forfeited non-vested accounts may be used to reduce employer contributions or to pay Plan expenses. There were \$1,391 and \$2, respectively of unallocated forfeitures used during the year ended December 31, 2022 and 2021. The Plan Sponsor used \$36,101 of forfeitures to reduce Plan Sponsor non-elective contributions during 2022.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

i. SECURE Act 2.0

On December 29, 2022, the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0 was executed. SECURE Act 2.0 contains over ninety new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts which are reported at contract value (see Notes 9 and 10). Non-benefit-responsive investment contracts are reported at fair value. Units held by the Plan in variable annuity accounts and separate accounts are based on each fund's daily net asset value (NAV) as a practical expedient, which is considered by the Plan's management to be the best approximation of fair value. All investments are not traded on public exchanges and are redeemable only by the issuer. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the qualified institutions. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan Loans

Plan loans are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income on Plan loans is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to Plan record keeping, investment advisory services and the administration of notes receivable from participants and benefit payments are paid by the Plan and are included in administrative expenses. Investment-related expenses are included in net depreciation of investments.

Subsequent Events

Subsequent events have been evaluated through October 12, 2023, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTIONS

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equity Fund (CREF), (collectively TIAA and CREF) and Mutual of America Life Insurance Company (Mutual of America), the qualified institutions, have certified to the completeness and accuracy of all investments reported in the accompanying statement of net assets available for benefits as of December 31, 2022, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022, and the related investment transactions and investment income (loss) reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. ASC Topic 820, *Fair Value Measurement*, establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs).

4. FAIR VALUE MEASUREMENT (Continued)

The fair value hierarchy is as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Separate accounts: The separate accounts are valued at the accumulation unit value, which is determined daily as the number of accumulation units held multiplied by the accumulation unit value, using NAV as a practical expedient, which is considered to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the separate account will be sold for an amount different from NAV. As of December 31, 2022 and 2021, the Plan had no plans to sell the separate accounts at an amount different from NAV. The accumulation unit value is first established when a new fund starts and is then determined daily based on the NAV of shares of the underlying fund, plus the fund's dividends and less the account's separate charges.

Variable annuities: The fair value of accumulation units held by the Plan in variable annuity accounts is based on each unit's daily NAV as a practical expedient, which is considered by the Plan Administrator to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the variable annuity accounts will be sold for an amount different from NAV. As of December 31, 2022 and 2021, the Plan had no plans to sell the variable annuity accounts at an amount different from NAV. Variable annuities are not actively traded. Data for NAVs is available daily to Plan Administrators and client investors via the TIAA and CREF website, and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. Redemption frequency and notice period is available on a daily basis. There are no unfunded commitments from participants in the Plan who invest in these accounts.

There has been no change in the methodologies used at December 31, 2022 and 2021.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENT (Continued)

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

The following table presents the category, fair value, redemption frequency, and redemption notice period for the Plan's investments and respective fair values of which are estimated using the NAV per share as a practical expedient as of December 31:

Category	Fair Value		Redemption Frequency	Redemption Notice Period
	2022	2021		
Separate accounts:				
Target date funds (a)	\$ 3,867,683	\$ 4,423,068	Daily	Daily
Large Cap funds (b)	658,747	711,861	Daily	Daily
Fixed income funds (c)	618,591	5,515	Daily	Daily
International funds (d)	180,543	243,445	Daily	Daily
Asset allocation funds (e)	165,385	175,825	Daily	Daily
Small Cap funds (f)	156,941	530,483	Daily	Daily
Mid Cap funds (g)	128,125	290,516	Daily	Daily
Bond funds (h)	58,879	50,016	Daily	Daily
Real estate funds (i)	<u>4,727</u>	<u>5,274</u>	Daily	Daily
Total separate accounts	<u>\$ 5,839,621</u>	<u>\$ 6,436,003</u>		
Variable annuities:				
Domestic stock funds (j)	\$ 311,109	\$ 395,458	Daily	Daily
International stock fund (k)	136,087	200,566	Daily	Daily
Bond funds (l)	85,410	103,218	Daily	Daily
Short-term reserves (m)	10,755	10,662	Daily	Daily
Balance funds (n)	<u>-</u>	<u>37,395</u>	Daily	Daily
Total variable annuities	<u>\$ 543,361</u>	<u>\$ 747,299</u>		

- (a) These funds seek to achieve current income and capital appreciation appropriate for the asset allocation associated with its approximate year of retirement which is included in the fund's name.
- (b) These funds invest mostly in common stocks of large capitalized companies, foreign securities, and derivative instruments. These funds also may invest in other securities, including convertibles, warrants, preferred stocks, corporate and government debt, bank loans and options.
- (c) These funds typically invest primarily in bonds or other debt securities. These funds generally seek to pay a distribution on a fixed schedule, though the payment amount is not guaranteed, may vary, and may be zero.
- (d) The primary objective of the funds is to maximize long-term total return by investing a broad range of equity, fixed income alternative asset classes in the U.S. and other markets throughout the world, both developed and emerging.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENT (Continued)

- (e) These funds are invested in short-term securities, such as Federal government treasury bills, short-term bonds, and guaranteed investment certificates with less than a three-year maturity.
- (f) The majority of these funds invest in small capitalization companies that are included in the S&P Small Cap 600 Index or Russell 2000 Index at the time of purchase.
- (g) These funds invest primarily in common stocks of established U.S. companies that have above-average potential for capital growth. These funds also may invest in other securities, including convertibles, warrants, preferred stocks, corporate and government debt, bank loans and options.
- (h) These funds invest in bonds and many different securities—often buying and selling according to market conditions and rarely holding bonds until maturity—so it's an easier way to achieve diversification even with a small investment.
- (i) The funds invest in real estate properties, other real estate-related investments, and securities. Underlying securities are generally priced using values obtained from independent pricing sources.
- (j) These funds invest in various types of domestic stocks in the large, mid-size or smaller capitalization groups to seek long-term capital growth.
- (k) This fund invests in foreign equities and in fixed income securities to achieve a long-term rate of return.
- (l) These funds invest in various types of debt securities to achieve a long-term rate of return while preserving capital.
- (m) This fund invests in high quality, short-term instruments to achieve high current income and capital preservation.
- (n) These funds invest in a combination of equity securities and debt securities to achieve a long-term rate of return and capital appreciation.

5. INCOME TAX STATUS

The Plan Sponsor has obtained an opinion letter dated March 31, 2017, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes 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 applicable authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

403(B) THRIFT PLAN FOR EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.

Notes to Financial Statements
December 31, 2022 and 2021

6. PLAN TERMINATION

Although it has not expressed any intent to do so, The Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will become fully vested and all accrued benefits shall be paid to participants in accordance with the provisions of the Plan.

7. PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, transactions with investment funds managed and held by the qualified institutions of the Plan are considered party-in-interest transactions. During 2022, the Plan paid the qualified institutions fees of \$442.

8. RISK AND UNCERTAINTIES

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

9. INTEREST ACCUMULATION ACCOUNT

The Plan holds an interest accumulation account with Mutual of America which is a deposit administration contract. The deposit administration contract is intended to provide future benefits to present employees through payments to Mutual of America that are credited to an account, which is not applied to the purchase of single payment deferred annuities for individual participants. Contributions are held in the Mutual of America general account and are maintained in a group annuity account. The account is credited with earnings or losses on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is considered fully-benefit-responsive and is presented at contract value. Contract value represents contributions made under the contract, plus earnings or losses, less participant withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no front- or back-end charges, so the investments in the Mutual of America Interest Accumulation Account are completely liquid. The interest credited to investments in the Mutual of America Interest Accumulation Account is a current rate and is not dependent upon the length of time the assets are invested with Mutual of America. Requests for withdrawal can be made at any time and are processed on the day that they are received.

The interest rate is determined by Mutual of America from time to time and Mutual of America reserves the right to change the interest rates applicable to amounts held in the Interest Accumulation Account at their discretion, but not below the minimum guaranteed interest rate of 1.60%.

10. TIAA TRADITIONAL ANNUITY CONTRACT

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

As the SRA and GSRA are fully benefit-responsive guaranteed contracts, contract value is the relevant attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. These investments are included in the financial statements at contract value as reported to the Plan by TIAA and CREF and as allowed in accordance with U.S. GAAP. Contract value, as reported to the Plan by TIAA and CREF, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The RA and GRA are non-benefit-responsive guaranteed contracts in which the value is based on TIAA's quoted redemption value of the contract owned by the Plan's participant at year-end. These investment contracts that are non-benefit-responsive are included in the financial statements at fair value.

Participants who chose to allocate a portion of their retirement savings to the TIAA Traditional Annuity Contract make contributions that purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified rate of interest, is guaranteed by TIAA and CREF's claims-paying ability. The guaranteed annual interest rate is 3% for all premiums remitted under all TIAA Traditional Annuity Contract accumulating contracts entered into by the Plan's participants. The TIAA Traditional Annuity Contract also provides an opportunity for participants to receive additional amounts, which TIAA and CREF's Board of Trustees may declare on a year-by-year basis. These additional amounts, when declared, remain in effect for the twelve-month "declaration year" that begins each March 1st for accumulation annuities and January 1st for lifetime payout annuities; they are not guaranteed for future years. The TIAA Traditional Annuity Contract does not permit TIAA and CREF to terminate the agreement prior to the scheduled maturity date.

All RA contracts require withdrawals in the form of a lifetime payout annuity or in periodic installments over a ten-year period. All GRA contracts may be withdrawn in a single lump-sum within 120 days of termination of employment; this transaction is subject to a 2.50% surrender charge. All SRA and GSRA contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA Traditional Annuity Contract is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan itself, would limit the Plan's ability to transact at contract value with the contract issuers. The Plan Administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with the Plan's participants is not probable.

11. PARTICIPANT ACCOUNT BALANCES

In November 2007, the Department of Labor (DOL) issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting, disclosure and audit requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. The DOL acknowledged in its Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, that full annual reporting compliance “may not be possible” and “the guiding principle must be to ensure that the appropriate efforts are made to act reasonably, prudently, and in the interest of the Plan’s participants and beneficiaries”. Notwithstanding, the DOL’s specific recognition of the “compliance challenges” engendered by its new requirements, U.S. GAAP provides no such relief requiring all contracts and custodial accounts to be included and maintained.

Prior to the amended regulations and the amendment of the Plan document, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual accounts with which participants could engage in a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various accounting and payroll records related to the Plan’s 403(b) annuity contracts and custodial accounts issued to employees prior to January 1, 2009, were not required to be maintained by the Plan, nor were they required to be maintained or retained by service providers at the Plan level. Consequently, the Plan’s financial statements have been prepared based on the available records, which were accessed using reasonable means and then analyzed by the Plan Sponsor. As certain records were not available dating back to the inception of the Plan, the effect, if any, on the completeness of opening balances, and thus on the accuracy of the Plan’s financial statements, cannot be determined.

12. PROHIBITED TRANSACTION

During 2022, the Plan Sponsor failed to segregate and remit in a timely manner, certain participant contributions (salary reduction amounts) and loan repayments from its assets within the required time period as specified by the United States DOL Reg. 2520.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction according to the provisions of ERISA and the IRC. Management intends to take corrective action during the 2023 Plan year.

403(B) THRIFT PLAN FOR THE EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.
(PLAN NO. 002, EIN: 13-3223946)

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
 December 31, 2022

<u>Years</u>	<u>Check Here if Late Participant Loan Repayments are Included</u>	<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE</u>
2022	✓	<u>\$ 45,226 *</u>	<u>\$ 45,226 **</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* \$45,226 represents delinquent contributions and loan repayments that were submitted throughout the year ended December 31, 2022.

** Management intends to take corrective action during the 2023 Plan year.

403(B) THRIFT PLAN FOR THE EMPLOYEES OF THE NATIONAL ORGANIZATION FOR RARE DISORDERS, INC.
(PLAN NO. 002, EIN: 13-3223946)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2022

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	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
**	Mutual of America 2030 Retirement	Separate Account	*	\$ 692,697
**	Mutual of America 2020 Retirement	Separate Account	*	681,913
**	Mutual of America Money Market	Separate Account	*	618,591
**	Mutual of America 2050 Retirement	Separate Account	*	554,398
**	Mutual of America 2045 Retirement	Separate Account	*	419,735
**	Mutual of America 2040 Retirement	Separate Account	*	411,095
**	Mutual of America 2025 Retirement	Separate Account	*	363,719
**	CREF Stock R1 X2	Variable Annuity	*	311,109
**	Mutual of America 2035 Retirement	Separate Account	*	282,859
**	Mutual of America Equity Index	Separate Account	*	254,883
**	Mutual of America 2055 Retirement	Separate Account	*	240,737
**	Interest Accumulation Account	Interest Accumulation Account	*	177,720 ***
**	Mutual of America 2060 Retirement	Separate Account	*	172,902
**	T. Rowe Price Blue Chip Growth Fund	Separate Account	*	170,362
**	Mutual of America Aggressive Allocation	Separate Account	*	157,439
**	Vanguard VIF International	Separate Account	*	153,119
**	Mutual of America Small-Cap Growth	Separate Account	*	137,547
**	CREF Global Equities R1 X6	Variable Annuity	*	136,087
**	TIAA Traditional Benefit Responsive BR1	TIAA Traditional Annuity Contract	*	113,177
**	DWS Capital Growth	Separate Account	*	104,468
**	CREF Core Bond R1 X5	Variable Annuity	*	85,410
**	Mutual of America Mid-Cap Equity Index	Separate Account	*	68,547
**	Vanguard VIF Diversified Value	Separate Account	*	54,613
**	Mutual of America Mid-Cap Value	Separate Account	*	43,215
**	Mutual of America 2065 Retirement	Separate Account	*	31,602
**	Mutual of America All America	Separate Account	*	27,777
**	Mutual of America International	Separate Account	*	27,424
**	Mutual of America Bond	Separate Account	*	21,468
**	Mutual of America Mid-Term Bond	Separate Account	*	21,368
**	Fidelity VIP Equity Income	Separate Account	*	17,290
**	Fidelity VIP Contrafund	Separate Account	*	16,485
**	Vanguard Variable Insurance Fund Total Bond Market Index Portfolio	Separate Account	*	16,043
**	Mutual of America Retirement Income	Separate Account	*	16,026
**	American Century VP Cap Apprec	Separate Account	*	15,855
**	Mutual of America Small-Cap Value	Separate Account	*	14,098
**	CREF Money Market R1 X3	Variable Annuity	*	10,755
**	Goldman Sachs VIT US Equity Insights Fund	Separate Account	*	6,957
**	Mutual of America Moderate Allocation	Separate Account	*	6,422
**	Victory RS Small Cap Growth Equity VIP Series	Separate Account	*	5,296
**	Vanguard VIF REIT Index Portfolio	Separate Account	*	4,727
**	Neuberger Berman AMT Sustainable Equity Portfolio	Separate Account	*	3,029
**	Oppenheimer VA Main Street	Separate Account	*	2,883
**	Mutual of America Composite	Separate Account	*	1,027
**	Fidelity VIP Mid-Cap	Separate Account	*	508
**	Mutual of America Conservative Allocation	Separate Account	*	497
**	Participant Loans	Interest rate of 3.25% maturing through October 2026	-	1,821 ***
	Total Investments			<u>\$ 6,675,700</u>

* The cost of participant-directed investments is not required to be disclosed.

** Represents a Party-In-Interest to the Plan, including separate accounts.

*** There are \$1,821 of loans to participants included in the Mutual of America Interest Accumulation Account which are included in the investment contract on page 2.

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The National Organization for Rare Disorders, Inc.

EIN: 13-3223946
PN: 002

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		15,855
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		104,468
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		16,485
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income Portfolio		17,290
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		508
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		6,957
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		2,883
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		681,913
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		363,719
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		692,697
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		282,859
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		411,095
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		419,734
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		554,398
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		240,737
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		172,902
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		31,602
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		157,439
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		27,777

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The National Organization for Rare Disorders, Inc.

EIN: 13-3223946
PN: 002

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Bond Fund		21,468
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Composite Fund		1,026
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Conservative Allocation Fund		497
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Equity Index Fund		254,883
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		179,541
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America International Fund		27,424
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		43,215
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Equity Index Fund		68,547
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Term Bond Fund		21,368
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Moderate Allocation Fund		6,422
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Money Market Fund		618,591
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Retirement Income Fund		16,026
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		137,547
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		14,098
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		3,029
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		170,362
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		54,613
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		153,119
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		4,727

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The National Organization for Rare Disorders, Inc. **EIN:** 13-3223946
PN: 002

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		16,042
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		5,296



Form 8955 - SSA Filing Summary

For the Period Ending 12/31/2022

SECTION 1: TERMINATED IN PRIOR YEAR WITH A VESTED BALANCE

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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SECTION 2: TERMINATED IN PRIOR YEAR WITH NO VESTED BALANCE

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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SECTION 3: TERMINATED BEFORE PRIOR YEAR BUT DATA RECEIVED CURRENT YEAR

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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SECTION 4: TERMINATED PARTICIPANTS WITHOUT A TERMINATION DATE WITH A BALANCE

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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SECTION 5: ACTIVE PARTICIPANTS WITH A TERMINATION DATE

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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Form 8955 - SSA Filing Summary

For the Period Ending 12/31/2022

SECTION 6: ANTICIPATED REPORTED IN PRIOR YEAR WITH FULL DISTRIBUTION IN CURRENT YEAR

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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SECTION 7: ACTIVE PARTICIPANTS WITH A TERMINATION DATE AND FULL DISTRIBUTION IN CURRENT YEAR

ITEM COUNT	SSN	FIRST NAME	MIDDLE INITIAL	LAST NAME	STATUS	DATE OF TERMINATION	DATE OF TERMINATION PROCESSED	BEGINNING BALANCE	CURRENT ACCOUNT BALANCE	VESTED ACCOUNT BALANCE
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