

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 04/01/2022 and ending 03/31/2023	
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 GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 09/26/1981
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, and ZIP or foreign postal code (if foreign, see instructions) GOULSTON & STORRS PC 400 ATLANTIC AVENUE BOSTON, MA 02110	2b	Employer Identification Number (EIN) 04-2738098
		2c	Plan Sponsor's telephone number 617-574-3592
		2d	Business code (see instructions) 541110

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.	01/12/2024	CHRISTOPHER WATERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 449
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) 337 6a(2) 347 6b 13 6c 102 6d 462 6e 3 6f 465 6g 460 6h 6
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: 2E 2F 2G 2J 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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) ☒ 4 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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

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 MASS MUTUAL LIFE INSURANCE
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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
04-1590850	4359	IND POL	3	04/01/2022	03/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
80	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
GERALD B LEVINSON	4 PARK LANE
	MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **COMMISSIONS IS BASED AT 2% OF TOTAL PREMIUM**

b	Premiums paid to carrier	6b	3993
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	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

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

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

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 ALL AMERICAN LIFE
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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
36-2148702	60097	IND POL	1	04/01/2022	03/31/2023

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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.	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

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023

A Name of plan

GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN)

002

C Plan sponsor's name as shown on line 2a of Form 5500

GOULSTON & STORRS PC

D Employer Identification Number (EIN)

04-2738098

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NEW ENGLAND MUTUAL LIFE

(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
04-1662730	3964	IND POL	1	04/01/2022	03/31/2023

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

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

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

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

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

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

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

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

Schedule A (Form 5500) 2022 v. 220413

(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
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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
----------	--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 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 04/01/2022 and ending 03/31/2023		
A Name of plan	B Three-digit plan number (PN)	002
GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
GOULSTON & STORRS PC	04-2738098	

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
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA31683	226	04/01/2022	03/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	13443346

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

(6) Total additions.....	7c(6)	0
--------------------------	--------------	---

d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
----------	--	-----------	---

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
---------------------------	--------------	---

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
----------	--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(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?
27	INVESTMENT ADVISOR	115508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS LLP

2001 ROSS AVE STE 1800
DALLAS, TX 75201

(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?
10	AUDITOR	29700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	3308	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLZ 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(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?
27	INVESTMENT ADVISOR	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

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:	NEW YORK LIFE ANCHOR ACCOUNT
---	------------------------------

b Name of sponsor of entity listed in (a):	NEW YORK LIFE INSURANCE COMPANY
--	---------------------------------

c EIN-PN 13-5582869-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13443346
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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
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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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2019113	2157149
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests.....	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	820447	911993
(9) Value of interest in common/collective trusts.....	1c(9)	0	2244676
(10) Value of interest in pooled separate accounts	1c(10)	5143124	13443346
(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)	303155867	285532397
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	1570175	1628018

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	312708726	305917579

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	312708726	305917579
---	-----------	-----------	-----------

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)	7245857	
(B) Participants	2a(1)(B)	5541100	
(C) Others (including rollovers)	2a(1)(C)	4949346	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17736303
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)	44530	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44530
(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)	10986901	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10986901
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		322573
(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)		-29037944
c Other income	2c		249792
d Total income. Add all income amounts in column (b) and enter total	2d		302155
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10288516	
(2) To insurance carriers for the provision of benefits	2e(2)	3993	
(3) Other	2e(3)	-3	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10292506
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		50122
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	29700	
(2) Contract administrator fees	2i(2)	3308	
(3) Investment advisory and management fees	2i(3)	115508	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		148516
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10491144
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-10188989
l Transfers of assets:			
(1) To this plan	2l(1)		3397842
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICE WATERHOUSE COOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 04/01/2022 and ending 03/31/2023		
A Name of plan GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC		D Employer Identification Number (EIN) 04-2738098
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): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 _____

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

**Financial Statements and Supplemental Schedule
March 31, 2023 and 2022**

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not required or they are not applicable.



Report of Independent Auditors

To the Administrator of Goulston & Storrs 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the accompanying financial statements of Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended March 31, 2023, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a qualified institution as of and for the year ended March 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report.

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

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



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

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

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

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of March 31, 2023 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

PricewaterhouseCoopers LLP

Boston, Massachusetts
January 12, 2024

Goulston & Storrs 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
March 31, 2023 and 2022

	2023	2022
Assets		
Investments		
Registered investment companies, at fair value	\$ 285,592,024	\$ 300,673,860
Common/collective trust fund	2,244,676	2,482,007
Cash surrender value of life insurance policies	1,628,018	1,570,175
Fully benefit-responsive investment contract, at contract value	<u>13,383,719</u>	<u>5,143,124</u>
Total investments	<u>302,848,437</u>	<u>309,869,166</u>
Receivables		
Notes receivable from participants	911,993	820,447
Employer profit sharing contribution	<u>2,157,149</u>	<u>2,019,113</u>
Total receivables	<u>3,069,142</u>	<u>2,839,560</u>
Net assets available for benefits	<u>\$ 305,917,579</u>	<u>\$ 312,708,726</u>

The accompanying notes are an integral part of these financial statements.

Goulston & Storrs 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended March 31, 2023

Additions to net assets available for benefits attributed to

Investment income	
Interest and dividends	\$ 11,309,474
Other income	<u>249,792</u>
Total investment income	<u>11,559,266</u>
Interest income on notes receivable from participants	44,530
Contributions	
Employees	5,541,100
Employer profit sharing contributions	7,276,961
Rollovers	<u>4,949,346</u>
Total contributions	<u>17,767,407</u>
Total additions	<u>29,371,203</u>

Deductions from net assets available for benefits attributed to

Net depreciation in fair value of investments	29,037,944
Benefits paid to participants	10,360,813
Investment and administrative expenses	<u>161,435</u>
Total deductions	<u>39,560,192</u>
Net decrease in net assets available for benefits before transfers	(10,188,989)
Transfer from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust	<u>3,397,842</u>
Net decrease in net assets available for benefits	(6,791,147)

Net assets available for benefits

Beginning of year	<u>312,708,726</u>
End of year	<u>\$ 305,917,579</u>

The accompanying notes are an integral part of these financial statements.

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

1. Description of the Plan

The following description of the Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. The disclosures herein are not intended to be an all-inclusive description or a summary of the Plan’s provisions which may affect individual accounts. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering the employees, excluding attorney associates and of counsel, of Goulston & Storrs, PC (the “Corporation”) who have completed one hour of service and have reached the age of twenty-one (“Participants”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Investment options available under the Plan are determined by the Investment Committee comprised of three Directors of the Corporation. Substantially all investments are participant-directed.

Participant Contributions

Participants may contribute up to 100% of their annual eligible compensation as defined by the Plan, up to a dollar limit set by Federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. The Plan allows for Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (“Rollovers”).

The Plan includes an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. All automatically enrolled participants are enrolled within thirty days from their date of hire and set up with a deferral contribution rate equal to 6% of eligible compensation. These contributions are automatically directed into the age appropriate target date funds, as defined by the Company’s Qualified Default Investment Alternative notice. There is an automatic increase of 1% per year, effective as soon as administratively practicable on or after July 1, up to a maximum of 12% unless alternative elections are made.

Corporation Profit Sharing Contributions

The Corporation allocates a profit sharing contribution to certain job classifications of eligible participants each plan year. The contribution is allocated based on the Corporation’s contribution calculation. Each plan year, participants who are employed as of September 30th, except for participants who are not employed due to death, disability or retirement, and have completed 500 hours of service will be eligible to receive a nonelective contribution. In addition, on March 31st of each plan year, participants who are employed, except for participants who are not employed on the last day of the Plan year due to death, disability or retirement, and who have completed 1,000 hours of service will be eligible to receive another nonelective contribution, which will be based upon their plan year compensation but will be reduced by any nonelective contribution the participant received as of September 30th. For the year ended March 31, 2023, the Corporation made \$7,276,961, net of \$183,148 of forfeitures, of nonelective profit sharing contributions to participant accounts.

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

Participant Accounts

All participant contributions to the Plan are invested in accordance with the investment elections specified by each participant. Each participant's account is credited with the Participant's contribution and allocations of the Corporation's contributions and Plan investment earnings thereon and charged with administrative expenses, as applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings and losses thereon. Vesting in the Corporation's contribution is based on years of continuous service. A participant begins vesting after two years of service and is fully vested after four years of service. Upon death, disability or attainment of normal retirement age, a participant is fully vested in all of their accounts.

Forfeitures

In the event of termination, a participant's nonvested portion of Corporation contributions is forfeited and remains with the Plan to either reduce future Corporation contributions payable under the Plan or pay Plan expenses. At March 31, 2023 and 2022, forfeited nonvested amounts totaled \$314,202 and \$406,376, respectively. There were \$183,148 in forfeitures used to offset Corporation profit sharing contributions made for the Plan year ended March 31, 2023.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. Terms range from one to five years. Participants may have two notes receivable outstanding at a time that are secured by the balance in the Participant's account. The interest rate for the notes receivable is the prime rate plus one percentage point. Interest rates on outstanding loans ranged between 4.25% and 8.75% as of March 31, 2023 and 2022. All loans to participants are considered "party in interest" transactions as defined by ERISA. Principal and interest are paid ratably through payroll deductions.

Benefit Payments

In-service withdrawals from a participant's vested account balance are permitted upon the attainment of age 59½, and upon age 62 for prior Money Purchase Plan Contributions. The minimum amount of any pre-retirement distribution is \$1,000. In-service withdrawals are also permitted for financial hardship. Participants are entitled to their vested account balance upon death, disability, retirement or termination of employment. A participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or monthly, quarterly, semiannual or annual installment payments.

If a participant's vested account balance is between \$1,000 and \$5,000, the Plan Administrator may distribute his or her entire account balance to the participant in the form of an IRA rollover account on behalf of the former participant, and if the vested account balance is under \$1,000, the Plan Administrator automatically distributes the account balance to the participant.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

Investments, Investment Valuation and Income Recognition

Investments other than the fully benefit-responsive investment contract (valued at contract value) and the cash surrender value of life insurance policies (valued at settlement value) are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for the fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Settlement value is the relevant measurement attribute for the cash surrender value of life insurance policies because settlement value is the amount a contract holder would receive for policy when it's held until expiration. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower". See Note 3 for discussions of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from those estimates.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Corporation has the option, at its sole discretion, to pay any expenses on behalf of the Plan. During the year ended March 31, 2023, the administrative expenses paid by the Plan are reported in the Statement of Changes in Net Assets Available for Benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. In the event of default, a deemed loan will remain in the investment account until a qualifying event occurs. No allowance for credit losses has been recorded as of March 31, 2023 and 2022.

3. Fair Value Measurements

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP and expands disclosures about fair value measurements. ASC 820 provides guidance on how to measure fair value by providing a hierarchy used to classify the source of the information.

ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories.

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.

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

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 that are unobservable inputs for the asset or liability.

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

- a. Registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan Sponsor's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment. Inputs applicable to a particular investment type, or a specific investment, may vary from period to period.

The following tables present information about the Plan's financial assets measured at fair value on a recurring basis as of March 31, 2023 and 2022:

Fair Value Measurements as of March 31, 2023				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 285,592,024	\$ -	\$ -	\$ 285,592,024
	<u>\$ 285,592,024</u>	<u>\$ -</u>	<u>\$ -</u>	<u>285,592,024</u>
Common/collective trust fund ⁽¹⁾				<u>2,244,676</u>
Total investments at fair value				<u>\$ 287,836,700</u>

Fair Value Measurements as of March 31, 2022				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 300,673,860	\$ -	\$ -	\$ 300,673,860
	<u>\$ 300,673,860</u>	<u>\$ -</u>	<u>\$ -</u>	<u>300,673,860</u>
Common/collective trust fund ⁽¹⁾				<u>2,482,007</u>
Total investments at fair value				<u>\$ 303,155,867</u>

- (1) In accordance with Accounting Standards Update 2015-07, certain investments that are not measured at fair value using the net value asset per share practical expedient have not been classified in the fair value

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no transfers between Level 1, 2 or 3 fair value measurements during the years ended March 31, 2023 or 2022.

4. Other Investments

The following is a description of the investments and valuation methodologies for the common/collective trust fund, fully benefit-responsive investment contract and cash surrender value of life insurance policies:

Common Collective Trust

The Plan updated its investment options to include an investment in the PIMCO Real Return Collective Trust II fund managed by PIMCO. PIMCO invests in intermediate-term bonds of U.S. issuers. The fair value is reported by the investment provider based upon the periodic reporting of the specific indices of the underlying investments.

The table below presents the fair value measurements of the Plan's assets as of March 31, 2023, and 2022:

2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust fund	\$ 2,244,676	None	Daily	None
2022				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust fund	\$ 2,482,007	None	Daily	None

The share prices are obtained directly from the investment provider rather than from publicly available information. Therefore, NAV per share is the relevant measurement attribute for common collective trusts. Net asset value, as reported to the Plan by Empower, represents the net asset value per share (or its equivalent) on the final business day of the year and used as a practical expedient to estimate fair value.

The valuation methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator 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.

Guaranteed Investment Contract

The Plan entered into a fully benefit-responsive guaranteed investment contract with New York Life Insurance Company ("New York Life"). New York Life maintains the contributions in a general

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

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

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

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract value of the Plan's fully benefit-responsive investment contract as of March 31, 2023 and 2022 is \$13,383,719 and \$5,143,124, respectively.

Cash Surrender Value of Life Insurance Policies

Cash surrender value of life insurance policies are valued at settlement value, which is the amount a contract holder would receive for the policy when it's held until expiration. Under ASC 325-30-35-2, the measurement of a life insurance contract at cash surrender value does not represent a fair value measurement under ASC 820.

The settlement value of the Plan's life insurance policies as of March 31, 2023 and 2022 are \$1,628,018 and \$1,570,175, respectively.

5. Information Certified by the Trustee and Custodian

The following is a summary of the Plan's financial information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower", the trustee and custodian of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This information has been relied upon by the Plan Administrator in the preparation of the Plan's financial statements and related supplemental schedules in accordance with ERISA:

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

- Fair value of investments, individually and in the aggregate, the NAV per share of common collective trust investments, and the contract value of the guaranteed investment contract held by the Plan at March 31, 2023 and 2022;
- Notes receivable from participants, individually and in the aggregate, held by the Plan at the unpaid principal balance plus accrued interest as of March 31, 2023 and 2022;
- Interest income, dividend income, other income and the appreciation (depreciation) in the fair value of investments, individually and in the aggregate, for the year ended March 31, 2023;
- Interest earned on notes receivable from participants for the year ended March 31, 2023; and
- Information reported on the schedule of assets (held at end of year) as of March 31, 2023.

6. Risk and Uncertainties

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

7. Related-Party Transactions and Party-in-Interest Transactions

Empower, the Plan's trustee and custodian, is paid asset-based fees which qualify as party-in-interest transactions. Fees paid by the Plan for the year ended March 31, 2023 to Empower amounted to \$148,516, including fees paid to Empower which amounted to \$3,308. Other fees incurred by the Plan for the investment management services are included in net depreciation in the fair value of the investments, as they are paid through revenue sharing, rather than direct payment. Notes receivable from participants are also considered exempt party-in-interest transactions as defined by ERISA.

The Plan Sponsor is party to a revenue sharing arrangement as part of their Administrative Services Agreement ("Agreement") with Empower Annuity Insurance Company of America under which Empower Annuity Insurance Company of America provides certain administrative services. Further, Empower Annuity Insurance Company of America receives revenue from fund service providers for services they provide to the funds. If the revenue received by Empower Annuity Insurance Company of America from such fund service providers exceeds the amount owed under the Agreement, those amounts are retained by Empower Annuity Insurance Company of America for compensation for its services and the Plan has no right or interest in such payments. The Plan Sponsor uses revenue earned under these arrangements to pay Plan administrative expenses. As of March 31, 2023, there were no unused credits. Revenue earned under this arrangement qualifies as party-in-interest transaction. During the Plan year ended March 31, 2023, participants directly received revenue credits of \$249,792.

8. Plan Termination

Although it has not expressed any intent to do so, the Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

Goulston & Storrs 401(k) Profit Sharing Plan and Trust

Notes to Financial Statements

March 31, 2023 and 2022

Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Corporation may determine.

9. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Corporation by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan was amended subsequent to receipt of the favorable determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

10. Inter-Plan Transfers

Along with the Plan, the Corporation also sponsors a defined contribution 401(k) plan for Associates. If associates change their status and become directors of the Corporation during the year, their account balances are transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan. During the year ended March 31, 2023, \$3,397,842 was transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan.

11. Subsequent Events

The Plan has evaluated subsequent events through January 12, 2024, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Supplemental Schedule

Goulston & Storrs 401(k) Profit Sharing Plan and Trust
Supplemental Schedule - Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
March 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Allspring Government Securities Admin	Registered Company	**	\$ 2,802,724
	Allspring Growth Institutional	Registered Company	**	9,839,643
	American Funds Amcap R6	Registered Company	**	15,344,239
	American Funds Cew World R6	Registered Company	**	11,378,264
	American Funds Washington Mutual R6	Registered Company	**	18,943,197
	Cohen & Steers Global Realty A	Registered Company	**	7,748,627
	Dodge & Cox Balanced Fund	Registered Company	**	7,737,016
	Dodge & Cox Stock Fund	Registered Company	**	12,686,628
	DoubleLine Total Return Bond I	Registered Company	**	19,272,993
	Fidelity Low Priced Stock	Registered Company	**	6,422,201
	First Eagle Global R3	Registered Company	**	2,343,353
	JPMorgan Small Cap Equity R5	Registered Company	**	7,016,469
	Loomis Sayles Core Plus Bond Y	Registered Company	**	24,258,037
	MainStay Income Builder I	Registered Company	**	1,345,006
	MFS International Diversification R3	Registered Company	**	23,499,633
	PIMCO Int Bond (USD-Hedged) A	Registered Company	**	2,712,700
	Pioneer High Yield Y	Registered Company	**	4,816,303
	T. Rowe Price Mid Cap Growth Fund	Registered Company	**	14,517,424
	TIAA-Cref Short-Term Bond Inst	Registered Company	**	3,432,355
	Vanguard Developed Markets Idx Instl	Registered Company	**	15,642,790
	Vanguard Institutional Index Fund	Registered Company	**	48,588,147
	Vanguard Mid Cap Index Adm	Registered Company	**	7,319,237
	Vanguard Small Cap Index Adm	Registered Company	**	5,017,178
	Vanguard Treasury Money Mkt Inv	Registered Company	**	12,907,861
	Total Registered Investment Companies			<u>285,592,024</u>
***	American General Life Insurance Company	Cash Surrender Value of Life Insurance Policy	**	165,551
***	Mass Mutual Life	Cash Surrender Value of Life Insurance Policy	**	1,330,293
***	Metlife	Cash Surrender Value of Life Insurance Policy	**	132,174
	Total Cash Surrender Value of Life Insurance Policies			<u>1,628,018</u>
*	New York Life Anchor Account	Guaranteed Investment Contract	**	13,383,719
*	Pimco Real Return Collective Trust ii	Common Collective Trust Fund	**	2,244,676
				<u>15,628,395</u>
*	Notes receivables from participants	Participant loans, interest rates ranging from 4.25% to 8.75%, maturing through February 2026	**	911,993
				<u>\$ 303,760,430</u>

* Denotes a party-in-interest to the Plan.

** Information not required as investments are all participant or beneficiary-directed

This schedule was derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC except for the information denoted with ***.

All American Life

Universal Life Policies

This product has no required gross premium scale except for a minimum premium during the first three policy years. A premium must be paid on or before delivery of the policy. This premium must be as large as the minimum premium of the policy.

All premiums less expense loads are deposited into a policyholder fund. Policy mortality charges and administrative expenses are deducted from the fund. Interest is credited to the fund.

The policy will remain in force during the first three policy years as the minimum premium is paid as specified in the policy. After the first three years, the policy will remain in force as long as the policy fund, less surrender charges and policy loans, is sufficient to pay mortality charges and administrative expense charges.

The mortality charges for this plan are the same for both sexes.

BASIS OF GROSS PREMIUMS FOR CURRENT ISSUE OF EMPLOYEE PLANS CLASS POLICIES

CONVERTIBLE LIFE POLICIES

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Commissioners Reserve Valuation method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker status with each discounted Net Renewal Premium.

GRADING FOR POLICY SIZE

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

EMPLOYEE PLANS INITIAL TERM

Basic Gross Premiums per \$1000 depend on Attained Age and are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Valuation premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker Status with each discounted Net Valuation Premium.

GRADING FOR POLICY USE

Policy premiums are computed by multiplying the following rates by the Face Amount, and adding a \$10 policy fee:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$2.50
5,000 - 9,999	Basic Gross + 1.60
10,000 - 24,999	Basic Gross + 1.20
25,000 - 99,999	Basic Gross + 1.05
\$100,000 and Over	.96 × Basic Gross + .15

RETIREMENT INCOME AND ANNUITY INCOME POLICIES

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age and Maturity Age, Sex, and Smoker/Non-Smoker status with each discounted Net Valuation Premium.

GRADING FOR POLICY SIZE

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

FLEXIBLE PREMIUM RETIREMENT ANNUITIES

The Net Annual Premium for each \$100 unit of Basic Gross Premium is:

92% of the Basic Gross Premium

The Basic Gross Premium is the Gross Annual Premium less a \$20 Policy Fee.

The Maturity Cash Value is the accumulation of the Net Annual Premiums credited at the following rates of interest from Date of Deposit to date of Withdrawal:

5% during the first 5 contract years;
4% during the second 5 contract years;
 $3\frac{1}{2}\%$ from then on.

UNIVERSAL LIFE POLICIES

This product has no required gross premium scale except for a minimum premium per \$1,000 below which we will not contract. Our only requirement is that a premium be paid on or before delivery of the policy. This premium must be at least as large as the minimum premium for the policy multiplied by the appropriate modal factor and then divided by the difference of one (1) and the state premium tax rate.

All premiums less premium taxes are deposited into a policyholder fund. As long as that fund is sufficient to pay mortality charges, the policy will remain in force. Mortality charges for this plan are the same for both sexes.

ANNUITIES

PANORAMA and PANORAMA PLUS Variable Annuities

These are flexible premium products with no gross premium scale, although there are minimum and maximum premium limits. All premiums less premium taxes are allocated to one or more accounts for investment under the contract.



NEW ENGLAND FINANCIAL™

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501 Boylston Street
Boston, MA 02116-3700

Basis of Premium Rates

Revised 1/15/04

Insurance Contracts

Policy Numbers	Issue Years	Basis
202,402- 1,499,999*	1908 - 1947	American Experience Mortality Table: at 3% Interest (Curtate)
1,500,000 -2,458,999 (except OL, 15,000 and over, 2,257,000-2,458,999)	1947- 1959	1941 CSO Table: at 2.5% Interest (Curtate)
2,257,000-2,458,999* (Ordinary Life, 15,000 and over)	1957 - 1959	1941 CSO Table: at 2.5% Interest (Continuous)
2,459,000 -2,829,999*	1959 - 1963	1941 CSO Table: at 2.5% Interest (Continuous)
2,830,000 - 4,999,999 (Pension)* (Non-Pension)*	1963 - 1967 1963 - 1973	1958 CSO Table: at 2.5% Interest (Continuous)
5,000,000 - 5,999,999*	1967 - 1981	1958 CSO Table: at 3% Interest (Curtate)
6,000,000 - 6,010,999	1973 - 1973	1958 CSO Table: at 2.5% Interest (Curtate)
6,011,000 - 6,499,999*	1973 - 1979	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method for Life Paid-Up @ 95; at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (Vanguard I & II) (OL) (all other plans)	1979 - 1982 1979 - 1983	1958 CSO Table: at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Valuation for Equity Builder Plans; at 4% Interest with Commissioner's Reserve Valuation Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (8,000,000 and higher) (Vanguard III) (OL) (VIP) (all other plans)	1982 - 1984 1983 - 1988 1983 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard IV)	1984- 1985	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard V)	1985 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Independence - L95)	1985 - 1988	1980 CSO Table: at 6% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VI) (Survivorship Life) (Custom Life)	1988 - 1992 1987 - 1992 1987 - 1990	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VII) (Survivorship Life Select)	1993 - 1994 1993 - 1995	1980 CSO Table: at 5.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Limited Pay Endowment at 95)	1992 - Present	1980 CSO Table: at 4.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)

*Except policies which have accepted either the Policy Amendment Offer or the Update Plus Offer. These policies are on the following basis: 1958 CSO Table: at 4% Interest with the Commissioner's Valuation Method (Continuous).

Insurance contracts (cont.)

Policy Numbers	Issue Years	Basis
8,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L65)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1956 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1995 - 1997	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
U000,000 - U049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U050,000 - U399,999 (Non-Pension) (UL-84)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-91)	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
4U050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (Pension) (UL -84)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
2U400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y000,001 - Y999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

Insurance contracts (cont.)

Policy Numbers	Issue Years	Basis
3Y000,001 - 3Y999,999 (VUL)	2002 - Present	1980 CSO Table: at 3% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y700,000 - Y799,999 (Pension Issued VUL)	1998 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999,999	1988 - 2002	1980 CSO Table: at 5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1993 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

Annuity Contracts

Retirement Annuities	Issue Years	Basis
A48 - A20,875 (A400,000 - A400,099)	1932 - 1936	3.5%
A20,876 - A42,499 (A300,000 - A311,999) (A350,100 - A399,999)	1936 - 1942	3%
A430,000 - A103,999 (A312,000 - A349,999) (A400,100 - A419,999)	1942 - 1966	2.5%
A104,000 - A111,500 (SPRA only)	1966 - 1976 1971 - 1976	2.75%
A500,000 - A599,999 (SPRA only)	1967 - 1976 1971 - 1976	3%
F100,000 - F199,999	1971 - 1980	3.5%
F140,000 - F199,999 (SPRA only)	1980 - 1985 1980 - 1984	4%
F200,000 and higher numbers	1985 - 1993	4.5%
F200,000 and higher numbers	1994 - 1996	3.0%
S200,000 and higher numbers	1984 - 1991	Minimum guaranteed rate is 4%. Higher current rates available for guarantee periods of 1,3,5 and 7 years.
S300,000 and higher numbers	1990 - 1993	Minimum guaranteed rate is 4%. Higher current rate for 1 year guarantee period.
S300,000 and higher numbers	1994 - 1996	Minimum guaranteed rate is 3%. Higher current rate for 1 year guarantee period.
<u>Annual Premium Annuities (APA's)</u>		
A96,000 - A103,999	1969 - 1979	Modified Standard Annuity Table of Mortality with 2.5% Interest.
A500,000 - A599,999	1967 - 1979	

Variable Annuities - Flexible Payment and Single Payment Deferred

V100,000 and higher numbers	1971- 1988	Net investment performance of Separate Account.
V200, 000 and higher numbers	1988 - 1999	Net investment performance of Separate Account.
V400,000 and higher numbers (American Growth Series)	1995 - 2001	Net investment performance of Separate Account.
W100,000 and higher numbers (Preference Annuities)	1982 - 1989	Net investment performance of Separate Account.
4,400,000,000 AFS	2001 -present	Net investment performance of Separate Account.

All American Life

Universal Life Policies

This product has no required gross premium scale except for a minimum premium during the first three policy years. A premium must be paid on or before delivery of the policy. This premium must be as large as the minimum premium of the policy.

All premiums less expense loads are deposited into a policyholder fund. Policy mortality charges and administrative expenses are deducted from the fund. Interest is credited to the fund.

The policy will remain in force during the first three policy years as the minimum premium is paid as specified in the policy. After the first three years, the policy will remain in force as long as the policy fund, less surrender charges and policy loans, is sufficient to pay mortality charges and administrative expense charges.

The mortality charges for this plan are the same for both sexes.

BASIS OF GROSS PREMIUMS FOR CURRENT ISSUE OF EMPLOYEE PLANS CLASS POLICIES

CONVERTIBLE LIFE POLICIES

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Commissioners Reserve Valuation method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker status with each discounted Net Renewal Premium.

GRADING FOR POLICY SIZE

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

EMPLOYEE PLANS INITIAL TERM

Basic Gross Premiums per \$1000 depend on Attained Age and are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Valuation premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker Status with each discounted Net Valuation Premium.

GRADING FOR POLICY USE

Policy premiums are computed by multiplying the following rates by the Face Amount, and adding a \$10 policy fee:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$2.50
5,000 - 9,999	Basic Gross + 1.60
10,000 - 24,999	Basic Gross + 1.20
25,000 - 99,999	Basic Gross + 1.05
\$100,000 and Over	.96 × Basic Gross + .15

RETIREMENT INCOME AND ANNUITY INCOME POLICIES

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and $3\frac{1}{2}\%$ interest assuming continuous functions.

K = A loading factor which varies by Issue Age and Maturity Age, Sex, and Smoker/Non-Smoker status with each discounted Net Valuation Premium.

GRADING FOR POLICY SIZE

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

FLEXIBLE PREMIUM RETIREMENT ANNUITIES

The Net Annual Premium for each \$100 unit of Basic Gross Premium is:

$$92\% \text{ of the Basic Gross Premium}$$

The Basic Gross Premium is the Gross Annual Premium less a \$20 Policy Fee.

The Maturity Cash Value is the accumulation of the Net Annual Premiums credited at the following rates of interest from Date of Deposit to date of Withdrawal:

5% during the first 5 contract years;
4% during the second 5 contract years;
 $3\frac{1}{2}\%$ from then on.

UNIVERSAL LIFE POLICIES

This product has no required gross premium scale except for a minimum premium per \$1,000 below which we will not contract. Our only requirement is that a premium be paid on or before delivery of the policy. This premium must be at least as large as the minimum premium for the policy multiplied by the appropriate modal factor and then divided by the difference of one (1) and the state premium tax rate.

All premiums less premium taxes are deposited into a policyholder fund. As long as that fund is sufficient to pay mortality charges, the policy will remain in force. Mortality charges for this plan are the same for both sexes.

ANNUITIES

PANORAMA and PANORAMA PLUS Variable Annuities

These are flexible premium products with no gross premium scale, although there are minimum and maximum premium limits. All premiums less premium taxes are allocated to one or more accounts for investment under the contract.



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Basis of Premium Rates

Revised 1/15/04

Insurance Contracts

Policy Numbers	Issue Years	Basis
202,402- 1,499,999*	1908 - 1947	American Experience Mortality Table: at 3% Interest (Curtate)
1,500,000 -2,458,999 (except OL, 15,000 and over, 2,257,000-2,458,999)	1947- 1959	1941 CSO Table: at 2.5% Interest (Curtate)
2,257,000-2,458,999* (Ordinary Life, 15,000 and over)	1957 - 1959	1941 CSO Table: at 2.5% Interest (Continuous)
2,459,000 -2,829,999*	1959 - 1963	1941 CSO Table: at 2.5% Interest (Continuous)
2,830,000 - 4,999,999 (Pension)* (Non-Pension)*	1963 - 1967 1963 - 1973	1958 CSO Table: at 2.5% Interest (Continuous)
5,000,000 - 5,999,999*	1967 - 1981	1958 CSO Table: at 3% Interest (Curtate)
6,000,000 - 6,010,999	1973 - 1973	1958 CSO Table: at 2.5% Interest (Curtate)
6,011,000 - 6,499,999*	1973 - 1979	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method for Life Paid-Up @ 95; at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (Vanguard I & II) (OL) (all other plans)	1979 - 1982 1979 - 1983	1958 CSO Table: at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Valuation for Equity Builder Plans; at 4% Interest with Commissioner's Reserve Valuation Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (8,000,000 and higher) (Vanguard III) (OL) (VIP) (all other plans)	1982 - 1984 1983 - 1988 1983 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard IV)	1984- 1985	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard V)	1985 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Independence - L95)	1985 - 1988	1980 CSO Table: at 6% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VI) (Survivorship Life) (Custom Life)	1988 - 1992 1987 - 1992 1987 - 1990	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VII) (Survivorship Life Select)	1993 - 1994 1993 - 1995	1980 CSO Table: at 5.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Limited Pay Endowment at 95)	1992 - Present	1980 CSO Table: at 4.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)

*Except policies which have accepted either the Policy Amendment Offer or the Update Plus Offer. These policies are on the following basis: 1958 CSO Table: at 4% Interest with the Commissioner's Valuation Method (Continuous).

Insurance contracts (cont.)

Policy Numbers	Issue Years	Basis
8,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L65)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1956 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1995 - 1997	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
U000,000 - U049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U050,000 - U399,999 (Non-Pension) (UL-84)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-91)	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
4U050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (Pension) (UL -84)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
2U400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y000,001 - Y999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

Insurance contracts (cont.)

<u>Policy Numbers</u>	<u>Issue Years</u>	<u>Basis</u>
3Y000,001 - 3Y999,999 (VUL)	2002 - Present	1980 CSO Table: at 3% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y700,000 - Y799,999 (Pension Issued VUL)	1998 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999,999	1988 - 2002	1980 CSO Table: at 5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1993 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

Annuity Contracts

<u>Retirement Annuities</u>	<u>Issue Years</u>	<u>Basis</u>
A48 - A20,875 (A400,000 - A400,099)	1932 - 1936	3.5%
A20,876 - A42,499 (A300,000 - A311,999) (A350,100 - A399,999)	1936 - 1942	3%
A430,000 - A103,999 (A312,000 - A349,999) (A400,100 - A419,999)	1942 - 1966	2.5%
A104,000 - A111,500 (SPRA only)	1966 - 1976 1971 - 1976	2.75%
A500,000 - A599,999 (SPRA only)	1967 - 1976 1971 - 1976	3%
F100,000 - F199,999	1971 - 1980	3.5%
F140,000 - F199,999 (SPRA only)	1980 - 1985 1980 - 1984	4%
F200,000 and higher numbers	1985 - 1993	4.5%
F200,000 and higher numbers	1994 - 1996	3.0%
S200,000 and higher numbers	1984 - 1991	Minimum guaranteed rate is 4%. Higher current rates available for guarantee periods of 1,3,5 and 7 years.
S300,000 and higher numbers	1990 - 1993	Minimum guaranteed rate is 4%. Higher current rate for 1 year guarantee period.
S300,000 and higher numbers	1994 - 1996	Minimum guaranteed rate is 3%. Higher current rate for 1 year guarantee period.
<u>Annual Premium Annuities (APA's)</u>		
A96,000 - A103,999	1969 - 1979	Modified Standard Annuity Table of Mortality with 2.5% Interest.
A500,000 - A599,999	1967 - 1979	

Variable Annuities - Flexible Payment and Single Payment Deferred

V100,000 and higher numbers	1971- 1988	Net investment performance of Separate Account.
V200, 000 and higher numbers	1988 - 1999	Net investment performance of Separate Account.
V400,000 and higher numbers (American Growth Series)	1995 - 2001	Net investment performance of Separate Account.
W100,000 and higher numbers (Preference Annuities)	1982 - 1989	Net investment performance of Separate Account.
4,400,000,000 AFS	2001 -present	Net investment performance of Separate Account.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**Goulston & Storrs 401(k) Profit Sharing Plan and Trust****01-APR-22 to 31-MAR-23****15-APR-23 14:42:48**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RNWGX			10,793,845.52	11,378,263.73
1CSFAX			8,639,947.20	7,748,627.34
1EARGX			2,453,362.41	2,343,353.37
1MDIHX			22,211,789.38	23,499,633.03
1VTMNX			14,801,366.95	15,642,789.87
1JSERX			7,447,550.61	7,016,468.96
1VSMAX			4,321,914.88	5,017,178.17
1LOPR			6,751,794.56	6,422,200.57
1TR-MCG			13,473,269.32	14,517,424.43
1VIMAX			6,085,601.67	7,319,236.98
1SGRNX			11,315,364.66	9,839,643.04
1RAFGX			14,356,927.71	15,344,238.82
1RWMGX			16,482,670.73	18,943,196.93
1DC-SF			11,088,669.10	12,686,627.76
1INSIDX			36,773,547.22	48,588,146.60
1DC-BAL			8,184,732.11	7,737,016.01
1MTOIX			1,410,507.55	1,345,006.49
1DBLTX			22,261,004.63	19,272,993.27
1NERYX			26,838,066.57	24,258,036.59
1PFOAX			3,056,130.90	2,712,699.96
1PRRCT2			2,361,625.81	2,244,675.79
1TYHYX			5,341,490.66	4,816,302.60
1TISIX			3,550,971.34	3,432,354.64
1WGSDX			3,190,199.61	2,802,723.93
1NYLA35			13,381,987.83	13,383,718.71
1VUSXX			12,593,658.06	12,593,658.06
			289,167,996.99	300,906,215.65
PARTICIPANT LOANS	VARIOUS	4.250-8.750	912,436.30	911,993.36
FORFEITURES			313,144.39	314,202.69

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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Goulston & Storrs 401(k) Profit Sharing Plan and Trust**01-APR-22 to 31-MAR-23****15-APR-23 14:42:48**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RNWGX American Funds New World R6
 1EARGX First Eagle Global R3
 1VTMNX Vanguard Developed Markets Idx Instl
 1VSMAX Vanguard Small Cap Index Adm
 1TR-MCG T. Rowe Price Mid Cap Growth Fund
 1SGRNX Allspring Growth Institutional
 1RWMGX American Funds Washington Mutual R6
 1INSIDX Vanguard Institutional Index Fund
 1MTOIX MainStay Income Builder I
 1NERYX Loomis Sayles Core Plus Bond Y
 1PRRCT2 PIMCO Real Return Collective Trust II
 1TISIX TIAA-CREF Short-Term Bond Inst
 1NYLA35 New York Life Ins Co Anchor Account IV

1CSFAX Cohen & Steers Global Realty A
 1MDIHX MFS International Diversification R3
 1JSERX JPMorgan Small Cap Equity R5
 1LOPR Fidelity Low Priced Stock
 1VIMAX Vanguard Mid Cap Index Adm
 1RAFGX American Funds AMCAP R6
 1DC-SF Dodge & Cox Stock Fund - I
 1DC-BAL Dodge & Cox Balanced Fund - I
 1DBLTX DoubleLine Total Return Bond I
 1PFOAX PIMCO Int Bond (USD-Hedged) A
 1TYHYX Pioneer High Yield Y
 1WGSDX Allspring Government Securities Admin
 1VUSXX Vanguard Treasury Money Mkt Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year