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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                          |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                       |
| 1c      | Effective date of plan<br>01/01/1979                                                                                                                                                                                                                                                                                                     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NEW ENGLAND DONOR SERVICES, INC.<br><br>60 FIRST AVENUE<br>WALTHAM, MA 02451-1106 |
| 2b      | Employer Identification Number (EIN)<br>81-3650975                                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>800-446-6362                                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>621900                                                                                                                                                                                                                                                                                               |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2024 | DARA WASHBURN                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 341                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 223<br><b>6a(2)</b> 251<br><b>6b</b> 3<br><b>6c</b> 107<br><b>6d</b> 361<br><b>6e</b> 0<br><b>6f</b> 361<br><b>6g(1)</b> 341<br><b>6g(2)</b> 361<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                             |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2L 2M

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

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

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

**a Pension Schedules**

- (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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 4
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 001 |
| RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.                          |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| NEW ENGLAND DONOR SERVICES, INC.                                                           |                                        |     |
| 81-3650975                                                                                 |                                        |     |

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

1 Coverage Information:

|                                        |
|----------------------------------------|
| (a) Name of insurance carrier          |
| THE PAUL REVERE 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     |
| 04-3196909 | 67598         | 00816075                              | 2                                                                           | 01/01/2023              | 12/31/2023 |

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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 463985**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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 448295**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 15690  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 15690**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 463985**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**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 463985

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |
| A Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.        | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC. | D Employer Identification Number (EIN)<br>81-3650975 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
WESTERN NATIONAL

| (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     |
| 41-0430825 | 24465         | F0000065                              | 9                                                                           | 01/01/2023              | 12/31/2023 |

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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 528313**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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 512925**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 15388  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 15388**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 528313**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**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 528313

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.        | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC. | D Employer Identification Number (EIN)<br>81-3650975 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
TIAA-CREF

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1624203 | 69345         | 388702                                | 65                                                                          | 01/01/2023              | 12/31/2023 |

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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 926320  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2619244 |

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

Specify nature of costs ▶

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

904652

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

(2) Dividends and credits .....

**7c(2)**

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

**7c(3)**

40439

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

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions.....

**7c(6)**

40439

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

945091

**e** Deductions:

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

**7e(1)**

17473

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

**7e(2)**

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

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

1298

▶

(5) Total deductions.....

**7e(5)**

18771

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

926320

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.        | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC. | D Employer Identification Number (EIN)<br>81-3650975 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>KEMPER INVESTOR'S 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     |
| 36-3050975 | 90537         | K2260                                 | 15                                                                          | 01/01/2023              | 12/31/2023 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 1753251**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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1712737**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)** 335259  
(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)** 335259**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 2047996**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)** 294745

▶ WITHDRAWALS

(5) Total deductions ..... **7e(5)** 294745**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 1753251

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                       |                                                                 |     |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023            |                                                                 |     |
| <div>A</div> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.        | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                       |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC. | <div>D</div> Employer Identification Number (EIN)<br>81-3650975 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| FIDELITY INVESTMENTS INST.                                                                                 |
| 04-2647786                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA                                                                                                       |
| 13-1624203                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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

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**(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

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**(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

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**(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

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

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

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

FIDELITY INVESTMENTS INST.

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 37               | RECORDKEEPER                                                                                      | 1300                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INST.                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
|                                                                     | SEE ATTACHMENT                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                    | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| A Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                    | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC.                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                    | D Employer Identification Number (EIN)<br>81-3650975                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE                                                                                                                                     |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): TIAA-CREF                                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN 13-1624203-004                                                                                                                                                                      |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84558 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year                          |                                                                                                 |  |

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                   |                                         |                                                             |
|---------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023        |                                         |                                                             |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.        | <b>B</b> Three-digit plan number (PN) ▶ | 001                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC. |                                         |                                                             |
|                                                                                                   |                                         | <b>D</b> Employer Identification Number (EIN)<br>81-3650975 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 556074                       | 645418                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 213911                       | 257791                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 100149                       | 84559                  |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 34047736                     | 41341138               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 1879802                      | 1932910                |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 36797672              | 44261816        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 36797672              | 44261816        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1250135    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 2150249    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 724359     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4124743   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 6954       |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 11114      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 71517      |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 89585     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 831385     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 831385    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | -13373    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 5911873   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 10944213  |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 3478769 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |         |         |
| (3) Other .....                                                                      | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 3478769 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 1300    |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 1300    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 3480069 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 7464144 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ 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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF NEW ENGLAND DONOR SERVICES, INC.                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NEW ENGLAND DONOR SERVICES, INC.                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>81-3650975                                            |

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): 36-3050975 04-2647786

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

30

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) 2023 v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><b>15b</b>                                                           |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><b>16b</b>                                                           |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500955A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



## **Retirement Plan for Employees of New England Donor Services, Inc.**

**Financial Statements  
and ERISA-required supplemental schedule  
As of December 31, 2023 and 2022  
and for the year ended December 31, 2023**

## **Retirement Plan for Employees of New England Donor Services, Inc.**

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Financial Statements and ERISA-required supplemental schedule  
As of December 31, 2023 and 2022 and for the year ended December 31, 2023

# Retirement Plan for Employees of New England Donor Services, Inc.

## Contents

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### ERISA-Required Supplemental Schedule

|                                                                                                                  |       |
|------------------------------------------------------------------------------------------------------------------|-------|
| Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)<br>as of December 31, 2023 | 18-20 |
|------------------------------------------------------------------------------------------------------------------|-------|

*Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*

## Independent Auditor's Report

To the Plan Administrator  
Retirement Plan for Employees of New England Donor Services, Inc.  
Waltham, Massachusetts

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

We were engaged to perform audits of the financial statements of the Retirement Plan for Employees of New England Donor Services, Inc. (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Disclaimer of Opinion*

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### *Basis for Disclaimer of Opinion*

Prior to January 1, 2009, Teachers Insurance and Annuity Association and College Retirement Equities Fund ("TIAA and CREF"), Western National Life Insurance Company ("WNL"), and Paul Revere Life Insurance Company ("UNUM") records were maintained at a contract, not plan, level; therefore, management has not maintained, and TIAA and CREF, WNL, and UNUM did not provide, sufficient accounting records and supporting documentation relating to certain annuity

contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

### ***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 ("GAAP") 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 within one year after the date that the financial statements are issued or available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America ("GAAS") and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

### ***Other Matter – Supplemental Schedule Required by ERISA***

The supplemental schedule of Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

*BDO USA, P.C.*

October 1, 2024

## Financial Statements

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# Retirement Plan for Employees of New England Donor Services, Inc.

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2023</b>          | <b>2022</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>Assets:</b>                           |                      |                      |
| <b>Investments, at fair value:</b>       |                      |                      |
| Mutual funds                             | \$ 39,361,588        | \$ 32,335,628        |
| Fixed annuity contracts                  | 1,932,910            | 1,879,802            |
| Variable annuity contracts               | 1,979,550            | 1,712,108            |
| Pooled separate accounts                 | 84,559               | 100,149              |
| <b>Total Investments</b>                 | <b>43,358,607</b>    | <b>36,027,687</b>    |
| <b>Receivables:</b>                      |                      |                      |
| Employer contributions                   | 645,418              | 556,074              |
| Notes receivable from participants       | 257,791              | 213,911              |
| <b>Total Receivables</b>                 | <b>903,209</b>       | <b>769,985</b>       |
| <b>Net Assets Available for Benefits</b> | <b>\$ 44,261,816</b> | <b>\$ 36,797,672</b> |

*See accompanying notes to financial statements.*

# Retirement Plan for Employees of New England Donor Services, Inc.

## Statement of Changes in Net Assets Available for Benefits

*Year ended December 31, 2023*

### Additions:

#### Investment Income:

|                                               |              |
|-----------------------------------------------|--------------|
| Net appreciation in fair value of investments | \$ 5,898,500 |
| Interest and dividends                        | 909,856      |

|                                |                  |
|--------------------------------|------------------|
| <b>Total Investment Income</b> | <b>6,808,356</b> |
|--------------------------------|------------------|

|                                                              |               |
|--------------------------------------------------------------|---------------|
| <b>Interest Income on Notes Receivable from Participants</b> | <b>11,114</b> |
|--------------------------------------------------------------|---------------|

### Contributions:

|           |           |
|-----------|-----------|
| Employee  | 2,150,249 |
| Employer  | 1,250,135 |
| Rollovers | 724,359   |

|                            |                  |
|----------------------------|------------------|
| <b>Total Contributions</b> | <b>4,124,743</b> |
|----------------------------|------------------|

|                        |                   |
|------------------------|-------------------|
| <b>Total Additions</b> | <b>10,944,213</b> |
|------------------------|-------------------|

### Deductions:

|                                   |           |
|-----------------------------------|-----------|
| Benefits payments to participants | 3,478,769 |
| Administrative expenses           | 1,300     |

|                         |                  |
|-------------------------|------------------|
| <b>Total Deductions</b> | <b>3,480,069</b> |
|-------------------------|------------------|

|                     |                  |
|---------------------|------------------|
| <b>Net Increase</b> | <b>7,464,144</b> |
|---------------------|------------------|

### Net Assets Available for Benefits:

|                          |                   |
|--------------------------|-------------------|
| <b>Beginning of Year</b> | <b>36,797,672</b> |
|--------------------------|-------------------|

|                    |                      |
|--------------------|----------------------|
| <b>End of Year</b> | <b>\$ 44,261,816</b> |
|--------------------|----------------------|

*See accompanying notes to financial statements.*

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Retirement Plan for Employees of New England Donor Services, Inc. (the “Plan”) is provided for general information purposes only. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

#### *General*

The Plan is a defined contribution 403(b) plan covering eligible employees of New England Donor Services, Inc. (the “Sponsor”). All employees, other than non-resident aliens with no U.S. income source and work study students who qualify for exemption from Social Security, are eligible employees. Eligible employees may make elective deferral contributions to the Plan on the first day of the calendar month following the first day of service at the Sponsor. Eligible employees are eligible to receive employer contributions on the first day of the month following two years of service. Per diem employees are not eligible for employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

#### *Plan Administration*

Plan investments are managed by Teachers Insurance and Annuity Association and College Retirement Equities Fund (“TIAA and CREF”), Fidelity Management Trust Company (“Fidelity”), Zurich American Life Insurance Company (“Zurich”), the Western National Life Insurance Company (“WNL”), and the Paul Revere Life Insurance Company (“UNUM”), who act as the Plan’s custodians.

#### *Employee Contributions*

Each year, participants may contribute up to 100% of eligible compensation, as defined in the Plan, on a pre-tax or Roth basis subject to Internal Revenue Service (“IRS”) limitations. Participants who have attained the age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollovers”), as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

#### *Employer Contributions*

The Sponsor may make discretionary contributions equal to a percentage of eligible participants’ compensation. The Sponsor’s discretionary contribution was 5% of eligible participants’ compensation during the year ended December 31, 2023.

#### *Participant Accounts*

Each participant’s account is credited with elective deferral contributions, if they are made, and employer contributions made by the Sponsor. Each participant account balance is adjusted for any expenses, gains, and losses that may be allocated to the account, according to the terms of the investment account. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### ***Vesting***

Participants are vested immediately in their contributions and the Sponsor's contributions plus actual earnings thereon. Participants are 100% vested in their rollover contributions at all times and may withdraw them from the Plan at any time.

### ***Notes Receivable from Participants***

Participants may borrow from their elective deferral contribution accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate which is at the prime rate plus one percent. Loans must be fully repaid within five years, or 15 years for the purchase of a primary residence. Principal and interest are to be paid at least quarterly through a method as may be required by the applicable custodian account. Participants are charged a fee when taking out a loan. If the participant terminates employment, any balance outstanding will be due immediately.

### ***Payment of Benefits***

On termination of service due to death, disability, or retirement or, if actively employed, upon reaching age 59½, a participant may elect to take a distribution as either a lump-sum payment, installment payments over a period not to exceed the life expectancy of the participant, or apply the distribution toward the purchase of an annuity contract. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

### ***Hardship Withdrawals***

The Plan provides for hardship withdrawals subject to plan restrictions and current IRS rules and regulations. In order for participants to make a hardship withdrawal, the participant must show evidence of suffering from an immediate and heavy financial hardship and that financial relief cannot be obtained from any other source. Accepted financial hardship causes for withdrawal are as follows; medical care expenses, costs related to the purchase of a principal residence, tuition and related costs for post-secondary education, and costs incurred to prevent eviction from a principal residence or foreclosure on the mortgage on a principal residence.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting.

### ***Use of Estimates***

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

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### ***Investment Valuation and Income Recognition***

The investments of the Plan 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan custodian deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

### ***Contributions***

Participant contributions are recognized in the period during which the Sponsor makes the respective payroll deduction from the participant's compensation. Employer discretionary contributions are recognized at the time they are earned.

### ***Payment of Benefits***

Benefits are recorded when paid.

### ***Administrative Expenses***

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

### ***Annual Reporting Requirements***

Prior to January 1, 2009, TIAA and CREF, WNL, and UNUM maintained records at a contract, not plan, level and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As a result, TIAA and CREF, WNL, and UNUM have been unable to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Therefore, the completeness and accuracy of the annuity and custodial accounts, related investment income, and distributions, if any, could not be determined for periods prior to January 1, 2009.

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### *Subsequent Events*

The Plan has evaluated subsequent events through October 1, 2024, which is the date the financial statements were available to be issued.

Effective January 1, 2024, the Plan's document was amended to modify the employer contribution provisions. Prior to this amendment, employer contributions were discretionary and determined on an annual basis. Under the new amendment, the Plan will be implementing a match program, where a matching contribution will be made equal to 100% of each participant's elective deferrals but not exceeding 5% of the participant's compensation. Prior to the new amendment, participants were required to have two years of service to be eligible for employer contributions. Under the new amendment, participants will now be eligible after one year of service.

### **3. Certified Investments**

The plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF, Fidelity, and Zurich, the custodians of the Plan, have certified to the completeness and accuracy of certain investments and the notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022, the supplemental schedule, Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity and interest income on notes receivable from participants reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2023.

The following table presents the fair value of certified investments and notes receivable from participants:

| <i>December 31,</i>                | <b>2023</b>          | <b>2022</b>          |
|------------------------------------|----------------------|----------------------|
| Mutual funds                       | <b>\$ 39,361,588</b> | <b>\$ 32,335,628</b> |
| Fixed annuity contracts            | <b>940,612</b>       | <b>918,581</b>       |
| Variable annuity contracts         | <b>1,979,550</b>     | <b>1,712,108</b>     |
| Pooled separate accounts           | <b>84,559</b>        | <b>100,149</b>       |
| Notes receivable from participants | <b>257,791</b>       | <b>213,911</b>       |
| <b>Total Certified Investments</b> | <b>\$ 42,624,100</b> | <b>\$ 35,280,378</b> |

TIAA and CREF, Fidelity, and Zurich also certified \$878,778 of interest and dividend income, \$11,114 of interest income on notes receivable from participants, and \$5,898,500 of net appreciation (including gains and losses on investments bought and sold as well as held during the year) in fair value of investments.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and ERISA-required supplemental schedule.

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### 4. Fair Value Measurements

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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

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

#### ***Mutual Funds***

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

#### ***Pooled Separate Accounts***

Valued at the NAV based on the fair market value of the underlying investments of the account less its liabilities. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The pooled separate account includes the TIAA Real Estate Account (“REA”). This account is a variable account similar to the CREF variable accounts; as such, its returns are not guaranteed and its accumulations and returns fluctuate based on the performance of the underlying investments. The account generally invests in real estate properties and real estate-related

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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investments. The REA investments are generally valued at the NAV of the underlying real estate holdings or other real estate-related investments. There are no unfunded commitments, and the redemption frequency and redemption notice period are both daily.

### ***Variable Annuity Contracts***

Units held in the CREF portfolios are valued using the NAV of the fund, based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV of the portfolio is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. The Plan may redeem units at NAV on any day the New York Stock Exchange is open for business. The daily unit values are listed on NASDAQ. Participants cannot redeem units from CREF accounts (with the exception of the money market account) for 90 days if a purchase, sale, and/or repurchase is made within that account within a 60-day period.

The CREF Stock fund seeks to invest in a wide range of equities from all around the world. The CREF Growth Account seeks to invest in large, established companies, with innovative solutions that enhance earnings or cash flow prospects. The CREF Global Account seeks to invest in globally in companies of all sizes. The CREF Equity Index Account seeks to invest in a diversified portfolio of publicly traded U.S. stocks represented by a broad market index. The Social Choice Fund seeks to invest in a diversified portfolio of bonds and global stocks while giving special consideration to certain environmental, social and governance ("ESG") factors. The CREF Bond Market Fund seeks to invest in intermediate-term corporate and government fixed-income securities designed to balance and manage risk. The CREF Inflation-Linked Bond Fund seeks to invest in fixed-income securities that seek to protect U.S. dollar investors from a loss of "real buying power" due to inflation. The CREF Money Market Fund Seeks to invest in high-quality short-term securities that aim to preserve capital and provide income.

### ***Fixed Annuity Contracts***

Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods 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 believes that its valuation methods are appropriate and consistent with those of 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.

At December 31, 2023 and 2022, the Plan's mutual funds were valued at fair value using level 1 inputs. The Plan's fixed annuity contracts, which were valued at fair value, were valued using level 3 inputs.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

|                                    | Level 1              | Level 2     | Level 3             | Total                |
|------------------------------------|----------------------|-------------|---------------------|----------------------|
| Mutual funds                       | \$ 39,361,588        | \$ -        | \$ -                | \$ 39,361,588        |
| Fixed annuity contracts            | -                    | -           | 1,932,910           | 1,932,910            |
| Variable annuity contracts at NAV* | -                    | -           | -                   | 1,979,550            |
| Pooled separate accounts at NAV*   | -                    | -           | -                   | 84,559               |
| <b>Total Investments</b>           | <b>\$ 39,361,588</b> | <b>\$ -</b> | <b>\$ 1,932,910</b> | <b>\$ 43,358,607</b> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

|                                    | Level 1              | Level 2     | Level 3             | Total                |
|------------------------------------|----------------------|-------------|---------------------|----------------------|
| Mutual funds                       | \$ 32,335,628        | \$ -        | \$ -                | \$ 32,335,628        |
| Fixed annuity contracts            | -                    | -           | 1,879,802           | 1,879,802            |
| Variable annuity contracts at NAV* | -                    | -           | -                   | 1,712,108            |
| Pooled separate accounts at NAV*   | -                    | -           | -                   | 100,149              |
| <b>Total Investments</b>           | <b>\$ 32,335,628</b> | <b>\$ -</b> | <b>\$ 1,879,802</b> | <b>\$ 36,027,687</b> |

\*Certain investments, for which fair value is measured using NAV per share as the practical expedient, have not been categorized within the fair value hierarchy. The fair value amounts presented in the preceding tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

### ***Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements***

The following provides quantitative information about significant unobservable inputs used in level 3 fair value measurements as of December 31, 2023:

| Type                           | Fair Value          | Principal Valuation Technique                                 | Significant Unobservable Inputs            | Range                    |
|--------------------------------|---------------------|---------------------------------------------------------------|--------------------------------------------|--------------------------|
| <b>Fixed Annuity Contracts</b> | <b>\$ 1,932,910</b> | <b>Discounted cash flow/theoretical transfer (exit value)</b> | <b>Risk-adjusted discount rate applied</b> | <b>RA 3.00% to 6.75%</b> |

*The remainder of this page intentionally left blank.*

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

The following provides quantitative information about significant unobservable inputs used in level 3 fair value measurements as of December 31, 2022:

| Type                           | Fair Value          | Principal Valuation Technique                          | Significant Unobservable Inputs     | Range             |
|--------------------------------|---------------------|--------------------------------------------------------|-------------------------------------|-------------------|
|                                |                     | Discounted cash flow/theoretical transfer (exit value) | Risk-adjusted discount rate applied | RA 3.00% to 6.25% |
| <b>Fixed Annuity Contracts</b> | <b>\$ 1,879,802</b> |                                                        |                                     |                   |

The Plan had purchases and sales of its level 3 assets of \$43,097 and \$17,473, respectively, for the year ended December 31, 2023. Additionally, there were no transfers in or out of level 3 assets for the year ended December 31, 2023.

### 5. Related-Party Transactions and Party-in-Interest Transactions

Certain plan investments are managed by TIAA and CREF, Fidelity, Zurich, WNL, and UMUM, the custodians as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of the investment. Certain employees of the Sponsor, who participate in the Plan, perform administrative services to the Plan at no cost to the Plan. Participants' notes receivable also qualify as party-in-interest transactions.

### 6. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would remain fully vested.

### 7. Tax Status

The Plan has adopted a volume submitter 403(b) plan document which received an opinion letter from the IRS dated August 7, 2017, stating that the plan document is qualified under Section 403(b) of the Internal Revenue Code ("IRC"). Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since the date of the letter, the Plan's administrator believes the Plan is currently designed and being operated in compliance with the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023, there are no uncertain tax 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.

# Retirement Plan for Employees of New England Donor Services, Inc.

## Notes to Financial Statements

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### 8. Risks and Uncertainties

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

## ERISA-Required Supplemental Schedule

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# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479

Plan Number: 001

December 31, 2023

| (a)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Mutual Funds:</b>                                           |                                                                                                                      |               |                         |
| * Fidelity Investments                                         | FID FREEDOM 2035 K                                                                                                   | \$            | 5,405,425               |
| * Fidelity Investments                                         | FID FREEDOM 2030 K                                                                                                   |               | 4,293,228               |
| * Fidelity Investments                                         | FID FREEDOM 2040 K                                                                                                   |               | 3,808,751               |
| * Fidelity Investments                                         | FID TOTAL MKT IDX                                                                                                    |               | 3,435,016               |
| * Fidelity Investments                                         | FID GROWTH CO K                                                                                                      |               | 3,222,304               |
| * Fidelity Investments                                         | FID FREEDOM 2045 K                                                                                                   |               | 2,965,617               |
| * Fidelity Investments                                         | FID FREEDOM 2050 K                                                                                                   |               | 2,376,879               |
| * Fidelity Investments                                         | FID FREEDOM 2055 K                                                                                                   |               | 1,943,133               |
| * Fidelity Investments                                         | FID TOTAL BOND                                                                                                       |               | 1,396,641               |
| * Fidelity Investments                                         | MFS INTL GROWTH R4                                                                                                   |               | 1,000,155               |
| * Fidelity Investments                                         | FID FREEDOM 2020 K                                                                                                   |               | 945,214                 |
| * Fidelity Investments                                         | FID FREEDOM 2060 K                                                                                                   |               | 809,455                 |
| * Fidelity Investments                                         | Fidelity VIP Index 500                                                                                               |               | 661,150                 |
| * Fidelity Investments                                         | JH DSCPL VAL MDCP R6                                                                                                 |               | 629,190                 |
| * Fidelity Investments                                         | FID FREEDOM 2025 K                                                                                                   |               | 535,064                 |
| * Fidelity Investments                                         | JPM EQUITY INC I                                                                                                     |               | 516,749                 |
| * Fidelity Investments                                         | FID GOVT MMKT                                                                                                        |               | 505,768                 |
| * Fidelity Investments                                         | FID FREEDOM INC K                                                                                                    |               | 437,309                 |
| * TIAA                                                         | TIAA Access T-C LifCyc 2035 T4                                                                                       |               | 357,933                 |
| * Fidelity Investments                                         | FID SMALL CAP VALUE                                                                                                  |               | 347,780                 |
| * Fidelity Investments                                         | PIM REAL RETURN INST                                                                                                 |               | 326,028                 |
| * Fidelity Investments                                         | FID US BOND IDX                                                                                                      |               | 325,851                 |
| * Fidelity Investments                                         | INVS DEVELOP MKT R6                                                                                                  |               | 293,237                 |
| * Fidelity Investments                                         | FID INTL INDEX                                                                                                       |               | 274,678                 |
| * Fidelity Investments                                         | FID FREEDOM 2015 K                                                                                                   |               | 215,301                 |
| * Fidelity Investments                                         | FID EXTD MKT IDX                                                                                                     |               | 180,093                 |
| * Fidelity Investments                                         | CBA SM CAP GR IS                                                                                                     |               | 170,236                 |
| * Fidelity Investments                                         | FID SM CAP IDX                                                                                                       |               | 167,362                 |
| * Fidelity Investments                                         | BLKRK MD CP GR EQ K                                                                                                  |               | 159,103                 |
| * Fidelity Investments                                         | Fidelity VIP Growth                                                                                                  |               | 145,070                 |
| * Fidelity Investments                                         | PARNASSUS CORE EQ IV                                                                                                 |               | 135,544                 |
| * Fidelity Investments                                         | J H TRITON N                                                                                                         |               | 124,532                 |
| DWS                                                            | DWS Capital Growth VIP                                                                                               |               | 103,093                 |
| DWS                                                            | DWS Global Income Builder VIP                                                                                        |               | 97,821                  |
| * TIAA                                                         | TIAA Access T-C LifCyc 2050 T4                                                                                       |               | 91,198                  |
| Alger                                                          | Alger SmallCap Growth Portfolio                                                                                      |               | 86,617                  |
| DWS                                                            | DWS Small Mid Cap Growth VIP                                                                                         |               | 80,229                  |
| Lincoln Financial                                              | LVIP American Century Disc Core Val StCl                                                                             |               | 71,512                  |
| * Fidelity Investments                                         | Fidelity VIP Contrafund                                                                                              |               | 66,102                  |
| * Fidelity Investments                                         | PGIM HIGH YIELD Z                                                                                                    |               | 62,827                  |
| Lincoln Financial                                              | LVIP JPMorgan Small Cap Core Fund                                                                                    |               | 62,474                  |
| Oppenheimer                                                    | Invesco V.I. Discovery Mid Cap Growth                                                                                |               | 61,100                  |
| * Fidelity Investments                                         | FID FREEDOM 2065 K                                                                                                   |               | 59,024                  |

# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479  
Plan Number: 001

December 31, 2023

| (a)                                     | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|-----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|                                         | Alger                                                          | Alger MidCap Growth Portfolio                                                                                        |               | 54,098                  |
|                                         | Janus                                                          | Janus Henderson BalPort Inst                                                                                         |               | 50,975                  |
| *                                       | TIAA                                                           | TIAA Access T-C Mid Cap Grw T4                                                                                       |               | 47,109                  |
|                                         | Franklin Templeton                                             | Fr Rising Div VIP Fund CI 2                                                                                          |               | 41,534                  |
|                                         | Alger                                                          | Alger LargeCap Growth Portfolio                                                                                      |               | 34,202                  |
|                                         | DWS                                                            | DWS Government Money Market VIP                                                                                      |               | 33,260                  |
| *                                       | TIAA                                                           | TIAA Access T-C LifCyc 2045 T4                                                                                       |               | 17,319                  |
|                                         | Janus                                                          | Janus Henderson Research Inst                                                                                        |               | 15,330                  |
| *                                       | TIAA                                                           | TIAA Access T-C LifCyc 2040 T4                                                                                       |               | 14,416                  |
|                                         | DWS                                                            | DWS Small Mid Cap Value VIP                                                                                          |               | 14,060                  |
|                                         | JP Morgan                                                      | VY JPM Emerg Mkts Eq Port Inst CI                                                                                    |               | 13,774                  |
|                                         | Janus                                                          | Janus Henderson Global Research Inst                                                                                 |               | 13,649                  |
|                                         | Janus                                                          | Janus Henderson MidCap Val Svc                                                                                       |               | 12,099                  |
| *                                       | TIAA                                                           | TIAA Access T-C Socl Chc Eq T4                                                                                       |               | 10,303                  |
|                                         | Janus                                                          | Janus Henderson Enterprise Inst                                                                                      |               | 6,842                   |
| *                                       | TIAA                                                           | TIAA Access T-C Intl Equity T4                                                                                       |               | 5,643                   |
|                                         | BNYMellon                                                      | BNYMellon SustUSEquity-Initial                                                                                       |               | 4,781                   |
| *                                       | TIAA                                                           | TIAA Access T-C Mid Cap Val T4                                                                                       |               | 3,649                   |
| *                                       | TIAA                                                           | TIAA Access T-C Sm Cp BI Ix T4                                                                                       |               | 3,448                   |
|                                         | DWS                                                            | DWS CROCI International VIP                                                                                          |               | 2,991                   |
|                                         | BNYMellon                                                      | BNYMellon IP MidCap Stock - Service                                                                                  |               | 2,960                   |
|                                         | Invesco                                                        | Invesco V.I. Global Real Estate-Series I                                                                             |               | 2,901                   |
| *                                       | TIAA                                                           | TIAA Access T-C Lrg Cap Val T4                                                                                       |               | 2,252                   |
| *                                       | TIAA                                                           | TIAA Access T-C RI Est Sec T4                                                                                        |               | 1,071                   |
| *                                       | TIAA                                                           | TIAA Access T-C Sml Cap Eq T4                                                                                        |               | 794                     |
|                                         | Oppenheimer                                                    | Invesco V.I. Main Street Fund                                                                                        |               | 169                     |
| *                                       | Fidelity Investments                                           | Fidelity VIP Equity Income                                                                                           |               | 144                     |
|                                         | Oppenheimer                                                    | Invesco V.I. Global Strategic Income                                                                                 |               | 22                      |
| <b>Total Mutual Funds</b>               |                                                                |                                                                                                                      |               | <b>39,361,588</b>       |
| <b>Variable Annuity Contracts:</b>      |                                                                |                                                                                                                      |               |                         |
| *                                       | TIAA                                                           | CREF Stock R1                                                                                                        |               | 527,669                 |
| *                                       | TIAA                                                           | CREF Growth R1                                                                                                       |               | 492,580                 |
| *                                       | TIAA                                                           | CREF Money Market R1                                                                                                 |               | 335,044                 |
| *                                       | TIAA                                                           | CREF Equity Index R1                                                                                                 |               | 262,351                 |
| *                                       | TIAA                                                           | CREF Global Equities R1                                                                                              |               | 196,589                 |
| *                                       | TIAA                                                           | CREF Social Choice R1                                                                                                |               | 71,749                  |
| *                                       | TIAA                                                           | CREF Core Bond R1                                                                                                    |               | 64,214                  |
| *                                       | TIAA                                                           | CREF Inflation-Linked Bond R1                                                                                        |               | 29,354                  |
| <b>Total Variable Annuity Contracts</b> |                                                                |                                                                                                                      |               | <b>1,979,550</b>        |

# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479

Plan Number: 001

December 31, 2023

| (a)                                    | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Fixed Annuity Contracts:</b>        |                                                                |                                                                                                                      |               |                         |
|                                        | * Fidelity                                                     | Fixed Account                                                                                                        |               | 14,292                  |
|                                        | * TIAA and CREF                                                | TIAA Traditional, rates ranging from 4.00% to 6.75%                                                                  |               | 926,320                 |
|                                        | * Western National Life                                        | Rate of interest 3.00%                                                                                               |               | 528,313                 |
|                                        | * Paul Revere                                                  | Rate of interest 3.50%                                                                                               |               | 463,985                 |
| <b>Total Fixed Annuity Contracts</b>   |                                                                |                                                                                                                      |               | <b>1,932,910</b>        |
| <b>Pooled Separate Accounts:</b>       |                                                                |                                                                                                                      |               |                         |
|                                        | * TIAA and CREF                                                | TIAA Real Estate                                                                                                     |               | 84,559                  |
| <b>Receivables</b>                     |                                                                |                                                                                                                      |               |                         |
|                                        | * Participant loans                                            | Interest rates ranging from 4.25% to 9.50%                                                                           | -             | 257,791                 |
| <b>Total Investments per Form 5500</b> |                                                                |                                                                                                                      |               | <b>\$ 43,616,398</b>    |

\*Indicates party-in-interest as defined by ERISA

\*\* Cost information not required for participant directed investments

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE<br>PROVIDER NAME<br><i>Part I, Line 3(a)</i>                 | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF<br>INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF<br>SOURCE OF INDIRECT<br>COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION<br>OF INDIRECT<br>COMPENSATION<br>(ANNUALIZED<br>FORMULA)<br><i>Part I, Line 3(e)</i> |
|----------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | JPM EQUITY INC I - DST<br>ASSET MANAGER<br>SOLUTIONS, INC                 | 430 W 7TH STREET STE<br>219432<br>KANSAS CITY MO<br>US 64105                        | 0.25%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | MFS INTL GROWTH R4 -<br>MFS SERVICE CENTER<br>INC.                        | 04-2865649                                                                          | 0.15%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | PARNASSUS CORE EQ IV<br>- ULTIMUS FUND<br>SOLUTIONS LLC                   | 31-1663251                                                                          | 0.40%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | PGIM HIGH YIELD Z -<br>PRUDENTIAL MUTUAL<br>FUND SERVICES LLC             | 22-3703799                                                                          | 0.25%                                                                                             |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                         | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|-----------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 0369      | FID FREEDOM INCOME - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FFFAX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.47%                                                                                    |
| 0372      | FID FREEDOM 2020 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FFFDX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.57%                                                                                    |
| 0373      | FID FREEDOM 2030 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FFFEX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.65%                                                                                    |
| 0458      | FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC      | SPAXX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.25%                                                                                    |
| 0718      | FID FREEDOM 2040 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FFFFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.74%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                          | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|------------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 0820      | FID TOTAL BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC      | FTBFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.30%                                                                                    |
| 1313      | FID FREEDOM 2015 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC    | FFVFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.53%                                                                                    |
| 1314      | FID FREEDOM 2025 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC    | FFTWX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.61%                                                                                    |
| 1315      | FID FREEDOM 2035 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC    | FFTHX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.70%                                                                                    |
| 1389      | FID SMALL CAP VALUE - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FCPVX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.83%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                       | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|---------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1617      | FID FREEDOM 2045 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FFFGX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |
| 1618      | FID FREEDOM 2050 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FFHFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |
| 2090      | FID GROWTH CO K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC  | FGCKX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |
| 2326      | FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC  | FXNAX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.02%                                                                                    |
| 2331      | FID FREEDOM 2055 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FDEEX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                        | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|----------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2358      | FID SM CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC    | FSSNX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.02%                                                                                    |
| 2361      | FID TOTAL MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSKAX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.01%                                                                                    |
| 2363      | FID INTL INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC    | FSPSX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.03%                                                                                    |
| 2365      | FID EXTD MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC  | FSMAX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.03%                                                                                    |
| 2708      | FID FREEDOM 2060 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC  | FDKVX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                         | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|-----------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 3019      | FID FREEDOM INC K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC  | FNSHX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.42%                                                                                    |
| 3022      | FID FREEDOM 2015 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNLX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.46%                                                                                    |
| 3023      | FID FREEDOM 2020 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNOX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.50%                                                                                    |
| 3024      | FID FREEDOM 2025 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNPX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.53%                                                                                    |
| 3025      | FID FREEDOM 2030 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNQX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.57%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                         | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|-----------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 3026      | FID FREEDOM 2035 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNUX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.60%                                                                                    |
| 3027      | FID FREEDOM 2040 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNVX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| 3028      | FID FREEDOM 2045 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSNZX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| 3029      | FID FREEDOM 2050 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FNSBX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| 3030      | FID FREEDOM 2055 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FNSDX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                           | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION            | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|-------------------------------------------------------------------|--------|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 3031      | FID FREEDOM 2060 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FNSFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| 3415      | FID FREEDOM 2065 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC     | FFSFX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.75%                                                                                    |
| 3416      | FID FREEDOM 2065 K - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC   | FFSDX  | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| OI2E      | BLKRK MD CP GR EQ K - BLACKROCK ADVISORS LLC                      | BMGKX  | BLACKROCK                                                   | FUND MANAGEMENT                                                   | 0.63%                                                                                    |
| OMBS      | PIM REAL RETURN INST - PACIFIC INVESTMENT MANAGEMENT COMPANY, LLC | PRRIX  | PIMCO                                                       | FUND MANAGEMENT                                                   | 0.45%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION                       | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|-----------|---------------------------------------------------------------|--------|--------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| OMPE      | JPM EQUITY INC I - J.P. MORGAN INVESTMENT MANAGEMENT, INC.    | HLIEX  | JPMORGAN                                         | FUND MANAGEMENT                                                   | 0.40%                                                                                    |
| OQVO      | PARNASSUS CORE EQ IV - PARNASSUS INVESTMENTS, LLC             | PRBLX  | PARNASSUS                                        | FUND MANAGEMENT                                                   | 0.57%                                                                                    |
| OUNG      | MFS INTL GROWTH R4 - MASSACHUSETTS FINANCIAL SERVICES COMPANY | MGRVX  | MFS                                              | FUND MANAGEMENT                                                   | 0.69%                                                                                    |
| OUO3      | J H TRITON N - JANUS HENDERSON INVESTORS US LLC               | JGMNX  | JANUS HENDERSON                                  | FUND MANAGEMENT                                                   | 0.64%                                                                                    |
| OUS9      | PGIM HIGH YIELD Z - PGIM INVESTMENTS LLC                      | PHYZX  | PGIM INVESTMENTS                                 | FUND MANAGEMENT                                                   | 0.36%                                                                                    |

## SCHEDULE C SUPPLEMENTAL REPORT

## ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND<br>CODE | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION                          | TICKER | PARTY OR PARTIES<br>RECEIVING INDIRECT<br>COMPENSATION | SERVICES PROVIDED<br>OR PURPOSE OF<br>PAYMENT FOR<br>INDIRECT COMPENSATION | AMOUNT, ESTIMATE<br>OF FORMULA USED<br>TO CALCULATE<br>INDIRECT COMPENSATION<br>(ANNUALIZED<br>FORMULA) |
|--------------|------------------------------------------------------------------------|--------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| OY6E         | CBA SM CAP GR IS - LEGG<br>MASON PARTNERS FUND<br>ADVISOR, LLC         | LMOIX  | FRANKLIN TEMPLETON<br>INVESTMENTS                      | FUND MANAGEMENT                                                            | 0.75%                                                                                                   |
| OYT5         | INVS DEVELOP MKT R6 -<br>INVESCO ADVISERS, INC.                        | ODVIX  | INVESCO                                                | FUND MANAGEMENT                                                            | 0.76%                                                                                                   |
| OYYV         | JH DSCPL VAL MDCP R6 -<br>JOHN HANCOCK<br>INVESTMENT<br>MANAGEMENT LLC | JVMRX  | JOHN HANCOCK                                           | FUND MANAGEMENT                                                            | 0.71%                                                                                                   |

## SCHEDULE C SUPPLEMENTAL REPORT

\*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note \*2" will be displayed.

\*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

\*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

\*4 Net Expense Ratio is displayed.

\*5 Gross Expense Ratio is displayed.

\*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of \$5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments. Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

## SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479

Plan Number: 001

December 31, 2023

| (a)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Mutual Funds:</b>                                           |                                                                                                                      |               |                         |
| * Fidelity Investments                                         | FID FREEDOM 2035 K                                                                                                   | \$            | 5,405,425               |
| * Fidelity Investments                                         | FID FREEDOM 2030 K                                                                                                   |               | 4,293,228               |
| * Fidelity Investments                                         | FID FREEDOM 2040 K                                                                                                   |               | 3,808,751               |
| * Fidelity Investments                                         | FID TOTAL MKT IDX                                                                                                    |               | 3,435,016               |
| * Fidelity Investments                                         | FID GROWTH CO K                                                                                                      |               | 3,222,304               |
| * Fidelity Investments                                         | FID FREEDOM 2045 K                                                                                                   |               | 2,965,617               |
| * Fidelity Investments                                         | FID FREEDOM 2050 K                                                                                                   |               | 2,376,879               |
| * Fidelity Investments                                         | FID FREEDOM 2055 K                                                                                                   |               | 1,943,133               |
| * Fidelity Investments                                         | FID TOTAL BOND                                                                                                       |               | 1,396,641               |
| * Fidelity Investments                                         | MFS INTL GROWTH R4                                                                                                   |               | 1,000,155               |
| * Fidelity Investments                                         | FID FREEDOM 2020 K                                                                                                   |               | 945,214                 |
| * Fidelity Investments                                         | FID FREEDOM 2060 K                                                                                                   |               | 809,455                 |
| * Fidelity Investments                                         | Fidelity VIP Index 500                                                                                               |               | 661,150                 |
| * Fidelity Investments                                         | JH DSCPL VAL MDCP R6                                                                                                 |               | 629,190                 |
| * Fidelity Investments                                         | FID FREEDOM 2025 K                                                                                                   |               | 535,064                 |
| * Fidelity Investments                                         | JPM EQUITY INC I                                                                                                     |               | 516,749                 |
| * Fidelity Investments                                         | FID GOVT MMKT                                                                                                        |               | 505,768                 |
| * Fidelity Investments                                         | FID FREEDOM INC K                                                                                                    |               | 437,309                 |
| * TIAA                                                         | TIAA Access T-C LifCyc 2035 T4                                                                                       |               | 357,933                 |
| * Fidelity Investments                                         | FID SMALL CAP VALUE                                                                                                  |               | 347,780                 |
| * Fidelity Investments                                         | PIM REAL RETURN INST                                                                                                 |               | 326,028                 |
| * Fidelity Investments                                         | FID US BOND IDX                                                                                                      |               | 325,851                 |
| * Fidelity Investments                                         | INVS DEVELOP MKT R6                                                                                                  |               | 293,237                 |
| * Fidelity Investments                                         | FID INTL INDEX                                                                                                       |               | 274,678                 |
| * Fidelity Investments                                         | FID FREEDOM 2015 K                                                                                                   |               | 215,301                 |
| * Fidelity Investments                                         | FID EXTD MKT IDX                                                                                                     |               | 180,093                 |
| * Fidelity Investments                                         | CBA SM CAP GR IS                                                                                                     |               | 170,236                 |
| * Fidelity Investments                                         | FID SM CAP IDX                                                                                                       |               | 167,362                 |
| * Fidelity Investments                                         | BLKRK MD CP GR EQ K                                                                                                  |               | 159,103                 |
| * Fidelity Investments                                         | Fidelity VIP Growth                                                                                                  |               | 145,070                 |
| * Fidelity Investments                                         | PARNASSUS CORE EQ IV                                                                                                 |               | 135,544                 |
| * Fidelity Investments                                         | J H TRITON N                                                                                                         |               | 124,532                 |
| DWS                                                            | DWS Capital Growth VIP                                                                                               |               | 103,093                 |
| DWS                                                            | DWS Global Income Builder VIP                                                                                        |               | 97,821                  |
| * TIAA                                                         | TIAA Access T-C LifCyc 2050 T4                                                                                       |               | 91,198                  |
| Alger                                                          | Alger SmallCap Growth Portfolio                                                                                      |               | 86,617                  |
| DWS                                                            | DWS Small Mid Cap Growth VIP                                                                                         |               | 80,229                  |
| Lincoln Financial                                              | LVIP American Century Disc Core Val StCl                                                                             |               | 71,512                  |
| * Fidelity Investments                                         | Fidelity VIP Contrafund                                                                                              |               | 66,102                  |
| * Fidelity Investments                                         | PGIM HIGH YIELD Z                                                                                                    |               | 62,827                  |
| Lincoln Financial                                              | LVIP JPMorgan Small Cap Core Fund                                                                                    |               | 62,474                  |
| Oppenheimer                                                    | Invesco V.I. Discovery Mid Cap Growth                                                                                |               | 61,100                  |
| * Fidelity Investments                                         | FID FREEDOM 2065 K                                                                                                   |               | 59,024                  |

# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479  
Plan Number: 001

December 31, 2023

| (a)                                     | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|-----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|                                         | Alger                                                          | Alger MidCap Growth Portfolio                                                                                        |               | 54,098                  |
|                                         | Janus                                                          | Janus Henderson BalPort Inst                                                                                         |               | 50,975                  |
| *                                       | TIAA                                                           | TIAA Access T-C Mid Cap Grw T4                                                                                       |               | 47,109                  |
|                                         | Franklin Templeton                                             | Fr Rising Div VIP Fund CI 2                                                                                          |               | 41,534                  |
|                                         | Alger                                                          | Alger LargeCap Growth Portfolio                                                                                      |               | 34,202                  |
|                                         | DWS                                                            | DWS Government Money Market VIP                                                                                      |               | 33,260                  |
| *                                       | TIAA                                                           | TIAA Access T-C LifCyc 2045 T4                                                                                       |               | 17,319                  |
|                                         | Janus                                                          | Janus Henderson Research Inst                                                                                        |               | 15,330                  |
| *                                       | TIAA                                                           | TIAA Access T-C LifCyc 2040 T4                                                                                       |               | 14,416                  |
|                                         | DWS                                                            | DWS Small Mid Cap Value VIP                                                                                          |               | 14,060                  |
|                                         | JP Morgan                                                      | VY JPM Emerg Mkts Eq Port Inst CI                                                                                    |               | 13,774                  |
|                                         | Janus                                                          | Janus Henderson Global Research Inst                                                                                 |               | 13,649                  |
|                                         | Janus                                                          | Janus Henderson MidCap Val Svc                                                                                       |               | 12,099                  |
| *                                       | TIAA                                                           | TIAA Access T-C Socl Chc Eq T4                                                                                       |               | 10,303                  |
|                                         | Janus                                                          | Janus Henderson Enterprise Inst                                                                                      |               | 6,842                   |
| *                                       | TIAA                                                           | TIAA Access T-C Intl Equity T4                                                                                       |               | 5,643                   |
|                                         | BNYMellon                                                      | BNYMellon SustUSEquity-Initial                                                                                       |               | 4,781                   |
| *                                       | TIAA                                                           | TIAA Access T-C Mid Cap Val T4                                                                                       |               | 3,649                   |
| *                                       | TIAA                                                           | TIAA Access T-C Sm Cp BI Ix T4                                                                                       |               | 3,448                   |
|                                         | DWS                                                            | DWS CROCI International VIP                                                                                          |               | 2,991                   |
|                                         | BNYMellon                                                      | BNYMellon IP MidCap Stock - Service                                                                                  |               | 2,960                   |
|                                         | Invesco                                                        | Invesco V.I. Global Real Estate-Series I                                                                             |               | 2,901                   |
| *                                       | TIAA                                                           | TIAA Access T-C Lrg Cap Val T4                                                                                       |               | 2,252                   |
| *                                       | TIAA                                                           | TIAA Access T-C RI Est Sec T4                                                                                        |               | 1,071                   |
| *                                       | TIAA                                                           | TIAA Access T-C Sml Cap Eq T4                                                                                        |               | 794                     |
|                                         | Oppenheimer                                                    | Invesco V.I. Main Street Fund                                                                                        |               | 169                     |
| *                                       | Fidelity Investments                                           | Fidelity VIP Equity Income                                                                                           |               | 144                     |
|                                         | Oppenheimer                                                    | Invesco V.I. Global Strategic Income                                                                                 |               | 22                      |
| <b>Total Mutual Funds</b>               |                                                                |                                                                                                                      |               | <b>39,361,588</b>       |
| <b>Variable Annuity Contracts:</b>      |                                                                |                                                                                                                      |               |                         |
| *                                       | TIAA                                                           | CREF Stock R1                                                                                                        |               | 527,669                 |
| *                                       | TIAA                                                           | CREF Growth R1                                                                                                       |               | 492,580                 |
| *                                       | TIAA                                                           | CREF Money Market R1                                                                                                 |               | 335,044                 |
| *                                       | TIAA                                                           | CREF Equity Index R1                                                                                                 |               | 262,351                 |
| *                                       | TIAA                                                           | CREF Global Equities R1                                                                                              |               | 196,589                 |
| *                                       | TIAA                                                           | CREF Social Choice R1                                                                                                |               | 71,749                  |
| *                                       | TIAA                                                           | CREF Core Bond R1                                                                                                    |               | 64,214                  |
| *                                       | TIAA                                                           | CREF Inflation-Linked Bond R1                                                                                        |               | 29,354                  |
| <b>Total Variable Annuity Contracts</b> |                                                                |                                                                                                                      |               | <b>1,979,550</b>        |

# Retirement Plan for Employees of New England Donor Services, Inc.

## Form 5500 - Schedule H, Part IV, Line 4(i)- Schedule of Assets (Held at End of Year)

EIN: 23-7024479

Plan Number: 001

December 31, 2023

| (a)                                    | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity<br>Dates, Rate of Interest, Collateral, Par or<br>Maturity Value | (d)**<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>Fixed Annuity Contracts:</b>        |                                                                |                                                                                                                      |               |                         |
|                                        | * Fidelity                                                     | Fixed Account                                                                                                        |               | 14,292                  |
|                                        | * TIAA and CREF                                                | TIAA Traditional, rates ranging from 4.00% to 6.75%                                                                  |               | 926,320                 |
|                                        | * Western National Life                                        | Rate of interest 3.00%                                                                                               |               | 528,313                 |
|                                        | * Paul Revere                                                  | Rate of interest 3.50%                                                                                               |               | 463,985                 |
| <b>Total Fixed Annuity Contracts</b>   |                                                                |                                                                                                                      |               | <b>1,932,910</b>        |
| <b>Pooled Separate Accounts:</b>       |                                                                |                                                                                                                      |               |                         |
|                                        | * TIAA and CREF                                                | TIAA Real Estate                                                                                                     |               | 84,559                  |
| <b>Receivables</b>                     |                                                                |                                                                                                                      |               |                         |
|                                        | * Participant loans                                            | Interest rates ranging from 4.25% to 9.50%                                                                           | -             | 257,791                 |
| <b>Total Investments per Form 5500</b> |                                                                |                                                                                                                      |               | <b>\$ 43,616,398</b>    |

\*Indicates party-in-interest as defined by ERISA

\*\* Cost information not required for participant directed investments