

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2020</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/2020</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/01/2020</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IGNITE MEDICAL RESORTS MEP</u> <u>1550 NORTH NORTHWEST HWY.</u> <u>SUITE 430</u> <u>PARK RIDGE, IL 60068</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>82-3928071</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-533-0332</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>82-3928071</u>	2c Plan Sponsor's telephone number <u>312-533-0332</u>	2d Business code (see instructions) <u>812990</u>	
2b Employer Identification Number (EIN) <u>82-3928071</u>					
2c Plan Sponsor's telephone number <u>312-533-0332</u>					
2d Business code (see instructions) <u>812990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/20/2023	MARC ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name IGNITE MEDICAL RESORTS MEP c Plan Name IGNITE MEDICAL RESORTS EMPLOYEES 401(K) PLAN		4b EIN 82-3928071 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	537
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	525
a(2) Total number of active participants at the end of the plan year		6a(2)	682
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	57
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	739
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	739
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	56
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 IGNITE MEDICAL RESORTS MEP	D Employer Identification Number (EIN) 82-3928071	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	746909	7488
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	148	859
(2) Participant contributions.....	1b(2)	1633	10110
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	14607
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	2126
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	1675330
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	748690 1710520
Liabilities			
g	Benefit claims payable	1g	0 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	0 0
j	Other liabilities.....	1j	0 49142
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 49142
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	748690 1661378

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	43249
	(B) Participants	2a(1)(B)	506097
	(C) Others (including rollovers).....	2a(1)(C)	192376
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	741722
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	165
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	0
	(E) Participant loans.....	2b(1)(E)	44
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	209
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	19028
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	19028
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(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)		
(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)		180072
c Other income.....	2c		7490
d Total income. Add all income amounts in column (b) and enter total.....	2d		948521
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17167	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		17167
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	911	
(2) Contract administrator fees.....	2i(2)	8871	
(3) Investment advisory and management fees.....	2i(3)	8884	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18666
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35833
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		912688
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: MARCUM, LLP

(2) EIN: 11-1986323

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		10816

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 IGNITE MEDICAL RESORTS MEP		D Employer Identification Number (EIN) 82-3928071
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): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2021 AND 2020
AND FOR THE YEAR ENDED DECEMBER 31, 2021

IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN

CONTENTS

Independent Auditors' Report	1-4
---	-----

Financial Statements

Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits.....	6

Notes to Financial Statements	7-15
--	------

Supplemental Schedules

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	16
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	17-18

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Ignite Medical Resorts Employee 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Ignite Medical Resorts Employee 401(k) Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Delinquent Participant Contributions for the year ended December 31, 2021 and Schedule of Assets (Held at End of Year) as of December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the

financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Report on Compiled 2020 Financial Statement

Plan management is responsible for the accompanying statement of net assets available for benefits of Ignite Medical Resorts Employee 401(k) Plan, as of December 31, 2020, and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the financial statement.

Marcum LLP

Deerfield, IL
June 15, 2023

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

	2021	Compiled 2020
Assets		
Cash, Noninterest-bearing	<u>\$ 7,488</u>	<u>\$ 746,909</u>
Investments		
Mutual funds, at fair value	1,675,330	--
Pooled fixed contract, at contract value	<u>14,607</u>	<u>--</u>
Total Investments	<u>1,689,937</u>	<u>--</u>
Receivables		
Participants' contributions	10,110	1,633
Employer contributions	859	148
Notes receivable from participants	<u>2,126</u>	<u>--</u>
Total Receivables	<u>13,095</u>	<u>1,781</u>
Total Assets	1,710,520	748,690
Liabilities		
Due to employees and employers	<u>49,142</u>	<u>--</u>
Net Assets Available for Benefits	<u><u>\$ 1,661,378</u></u>	<u><u>\$ 748,690</u></u>

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

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

Additions to Net Assets Attributed to

Investment Income

Net appreciation in fair value of investments	\$	180,072
Dividends		19,028
Interest		165
Other		<u>7,490</u>

Net Investment Income \$ 206,755

Interest Income on Notes Receivable From Participants 44

Contributions

Employer	43,249
Participants'	506,097
Participants' rollover	<u>192,376</u>

Total Contributions 741,722

Total Additions 948,521

Deductions From Net Assets Attributed to

Benefits paid to participants	17,167
Administrative expenses	<u>18,666</u>

Total Deductions 35,833

Net Increase 912,688

Net Assets Available for Benefits - Beginning (Compiled) 748,690

Net Assets Available for Benefits - Ending \$ 1,661,378

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

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 1 - DESCRIPTION OF PLAN

The following description of Ignite Medical Resorts Employee 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. The Plan was formed effective November 1, 2020.

GENERAL

The Plan is a multiple employer defined contribution plan covering all non-highly compensated and non-union employees of the companies listed below who have three months of service and are age of 21 or older. The Plan sponsor is Ignite Medical Resorts MEP (the “Sponsor”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Sponsor is responsible for oversight of the Plan, for determining the appropriateness of the Plan’s investment offerings, and for monitoring investment performance. The following companies (collectively the “Companies”), related through common ownership, participate in the Plan:

Ignite Team Partners, TCO JV, LLC (dba Ignite Medical Resort McHenry)
Ignite Medical Resort A Partner of University of Kansas Health System LLC (dba Ignite Medical Resort Rainbow Blvd.)
Ignite Medical Resort Kansas City LLC (dba Ignite Medical Resort KC Northland)
Ignite Medical Resort Independence, LLC (dba Ignite Medical Resort Blue Springs)
Ignite Medical Resort Carondelet, LLC
Ignite Medical Resort St. Marys, LLC
Ignite Medical Resort Bartlesville, LLC (dba Ignite Medical Resort Adams PARC)
Ignite Medical Resort Norman, LLC,
Ignite Medical Resort OKC, LLC,
IMR Oak Creek OPCO, LLC (dba Ignite Medical Resort Oak Creek)
Spark Therapy, LLC

CONTRIBUTIONS

Each year, participants may contribute the maximum amount allowable, not to exceed the limits of the Internal Revenue Code (“IRC”), of pre-tax or after-tax (“Roth 401(k)”) contributions, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions (rollovers) from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions are invested in a designated target date fund until changed by the participant.

The Companies made matching contribution of 10% of elective deferrals that do not exceed 15% of compensation, resulting in a maximum matching contribution of 1.5% of compensation per plan year, for all participants who have made elective deferrals during the year and who have six months of service. For the year ended December 31, 2021, the Companies made matching contribution totaling \$43,249. The Companies may also make a discretionary nonelective contribution. There was no nonelective contribution for the year ended December 31, 2021. Contributions are subject to certain IRS limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and the Companies' matching contribution, as well as allocations of the Companies' nonelective contribution, if any, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companies' matching contribution and nonelective contribution plus actual earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may only have one outstanding loan. The loans are secured by the balance in the participant's account and bear interest at a rate of 4.25%, which is commensurate with local prevailing rates at the date of loan issuance as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions over a period not to exceed 5 years.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PAYMENT OF BENEFITS

On termination of service due to termination, retirement, death, disability or other reasons, a participant may elect to be paid through an annuity option or a single lump sum payment equal to the value of the participant's vested interest in his or her account. If a participant has a vested account balance of \$5,000 or less, the vested account will be paid in a single lump sum payment. In-service distributions are also permitted after age 59 ½, up to two times per year. In addition, hardship distributions are permitted if certain criteria are met.

FORFEITED ACCOUNTS

If a participant terminates employment at a time when the participant does not have a fully vested interest, the unvested Companies' contributions and actual earnings thereon are forfeited. Forfeitures will be used to pay administrative expenses or to reduce Companies' contributions. During the year ended December 31, 2021, forfeitures of \$2,518 were used to reduce administrative expenses.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the pooled fixed contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Sponsor determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussion of fair value measurements.

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

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan is in default, the participant loan balance is reduced and a deemed distribution is recorded.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses.

DUE TO EMPLOYEES AND EMPLOYERS

Certain employees that are not eligible to participate in the Plan remitted funds in the amount of \$45,440 to the Plan during the year ended December 31, 2021. A portion of the Companies' matching contributions was also allocated to these employees in the amount of \$3,702. These amounts were returned to the employees in 2022 and 2023. The employers' portion is used to reduce future matching contributions.

USE OF ESTIMATES

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

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held as of December 31, 2021, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company, FSB, the custodian of the Plan. This information has not been audited by the Plan's independent auditors.

NOTE 4 - FAIR VALUE MEASUREMENTS

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

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Mutual Funds

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2021. As required by the fair value measurements and disclosures topic, these assets are classified in their entirety based on the lowest level input that is significant to the fair value measurement. The Sponsor's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect their placement within the fair value hierarchy levels.

Description	Fair Values as of December 31, 2021	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Mutual Funds	\$ 1,675,330	\$ 1,675,330	\$ --	\$ --
Total Investments at Fair Value	<u>\$ 1,675,330</u>	<u>\$ 1,675,330</u>	<u>\$ --</u>	<u>\$ --</u>

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 5 - POOLED FIXED CONTRACT

The Plan has a fully benefit-responsive pooled fixed contract with Nationwide Insurance Company ("Nationwide"), who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The pool fixed contract issuer is contractually obligated to repay the principal and a fixed interest rate to the Plan.

This contract meets the fully benefit-responsive contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) a breach of material obligations under the contract, (2) a material misrepresentation, (3) a material amendment to the agreement without the consent of the issuer, (4) the date the guaranteed fund is exhausted by withdrawals, (5) the date no further annuity payments are payable hereunder, or (6) 12 months following the issue date of the contract, if no deposits have been made to the contract or to a companion contract.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 6 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by the DOL's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, certain participants, and others. One of the Plan's investments is an investment contract managed by the custodian. These transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and administrative expenses qualify as party-in-interest transactions. The Plan allows participants to take loans from their accounts in the Plan, which qualify as party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have 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 become 100% vested in the Companies' contribution portion of their account.

NOTE 8 - TAX STATUS

The Plan has adopted a prototype plan of Dataair Employee Benefits System Inc.. The prototype plan has received an opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, stating that the written form of the underlying prototype document is qualified under Section 401(a) of the IRC. Any employer adopting this form of the plan will be considered to have a plan qualified under Section 401(a) of the IRC. Therefore, the related plan is tax-exempt. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 (AUDITED) AND 2020 (COMPILED)

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - PROHIBITED OR NON-EXEMPT TRANSACTIONS

During 2021, the Sponsor failed to timely remit participant contributions of \$10,816 to the Plan pursuant to 29 CFR 2510.3-102 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under the regulation, amounts paid by a Plan participant or withheld by an employer from a participant's wages for contribution to the Plan are Plan assets on the earliest date they can reasonably be segregated from the Companies' general assets, but in no event later than the 15th business day of the month following the month in which the participant contributions are withheld or received by the Sponsor. As a result, the Sponsor has engaged in a non-exempt prohibited transaction under ERISA Section 406. The Sponsor has remitted the non-timely participant contributions including lost participant earnings during 2023.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 15, 2023 the date the financial statements were available to be issued. Except as described below, no events requiring recognition or disclosure in the financial statements were identified.

Effective January 1, 2023, the Plan was amended and restated. In connection with the amendment and restatement, the participant accounts of employees of Ignite Medical Resort Fort Worth, LLC, Ignite Medical Resort Round Rock, LLC, Ignite Medical Resort San Antonio, LLC, and Ignite Medical Resort Webster, LLC, Lisle Ih Opco LLC (dba Thrive of Lisle), Ih Fox Valley Opco, LLC (dba Thrive of Fox Valley), TCLC (dba Thrive of Lake County) were added to the Plan.

Subsequent to year-end, the outstanding note receivable from participants in the amount of \$2,126, maturing February 2023, was reduced by a deemed distribution to the participant.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

SCHEDULE H, LINE 4(a)

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 82-3928071

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2021

Participant Contributions Transferred Late Check here if Late Participant Loan Repayments are included: ☐	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1/27/2021	\$ 1,569	\$ --	\$ --	\$ --
2/17/2021	182	--	--	--
11/3/2021	2,815	--	--	--
12/10/2021	1,406	--	--	--
12/22/2021	<u>4,844</u>	<u>--</u>	<u>--</u>	<u>--</u>
	<u>\$ 10,816</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>

See independent auditors' report.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 82-3928071

PLAN NO.: 001

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Mutual Funds:				
	Calvert Funds	Calvert International Responsible Index Fund	**	\$ 677
	Federated Investors Funds	Federated Government Obligations Fund	**	523
	Federated Investors Funds	Federated Institutional High Yield Bond Fund	**	4,669
	Fidelity Investments	Fidelity 500 Index Fund	**	115,267
	Fidelity Investments	Fidelity Inflation-Protected Bond Index Fund	**	1,391
	Fidelity Investments	Fidelity Multi-Asset Index Fund	**	2,040
	Fidelity Investments	Fidelity US Bond Index Fund	**	5,649
	Stadion Funds	Stadion Core Income Fund	**	50,889
	Stadion Funds	Stadion Cyclical Trend Strategy	**	32,546
	Stadion Funds	Stadion Domestic Equity Fund	**	266,268
	Stadion Funds	Stadion Dynamic Trend Fund	**	29,393
	Stadion Funds	Stadion International Equity Fund	**	140,846
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2010 Fund	**	34
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2015 Fund	**	35
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2020 Fund	**	35
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2025 Fund	**	581
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2030 Fund	**	8,873
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2035 Fund	**	16,587
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2040 Fund	**	15,296
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2045 Fund	**	190,852
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2050 Fund	**	90,966
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2055 Fund	**	118,960
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2060 Fund	**	70,819
	TIAA-CREF Funds	TIAA-CREF Lifecycle 2065 Fund	**	35
	TIAA-CREF Funds	TIAA-CREF Lifecycle Funds	**	34
	The Vanguard Group	Vanguard Balanced Index Fund	**	58,608
	The Vanguard Group	Vanguard Developed Markets Index Fund	**	9,430
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund	**	5,185
Subtotal - To Page 18				<u>\$ 1,236,488</u>

See independent auditors' report.

IGNITE MEDICAL RESORTS EMPLOYEE 401(k) PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 82-3928071

PLAN NO.: 001

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Subtotal - From page 17			\$ 1,236,488
	Mutual Funds (continued):			
	The Vanguard Group	Vanguard FTSE Social Index Fund	**	788
	The Vanguard Group	Vanguard Growth Index Fund	**	47,379
	The Vanguard Group	Vanguard Intermediate-Term Treasury Index Fund	**	658
	The Vanguard Group	Vanguard Mid-Cap Index Fund	**	28,080
	The Vanguard Group	Vanguard Real Estate Index Fund	**	2,355
	The Vanguard Group	Vanguard Short-Term Bond Index Fund	**	101
	The Vanguard Group	Vanguard Short-Term Corporate Bond Index Fund	**	175
	The Vanguard Group	Vanguard Small-Cap Index Fund Admiral Shares	**	35,082
	The Vanguard Group	Vanguard Total International Bond Index Fund	**	1,413
	The Vanguard Group	Vanguard Total Stock Market Index Fund	**	308,054
	The Vanguard Group	Vanguard Value Index Fund	**	14,722
	The Vanguard Group	Vanguard Wellesley Income Fund	**	35
	Pooled Fixed Contract			
*	Nationwide Trust Company	Fixed Select Contract	**	<u>14,607</u>
	Total Investments			1,689,937
	Other:			
	Cash, noninterest bearing			7,488
	Notes receivable			
*	from participants	Interest rate of 4.25%, maturing February 2023	0	<u>2,126</u>
	Grand Total			<u>\$ 1,699,551</u>

* Identified as a party-in-interest

** Cost information is not required for participant-directed investments.

See independent auditors' report.

Multiple Employer Plan Participating Employer Information

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

[illegible]

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

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

Name of plan

Ignite Medical Resorts Employee 401(k) Plan

Employer Identification Number

82-3928071

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Clvrt	Intl Rsp Indx R6	667	677
	Fed Hrms	Gov Oblgtns Prmr	523	523
	Fed Hrms	Inst Hiylbdbd Inst	4,532	4,669
	Fid	500 Indx	98,101	115,267
	Fid	Infl Prtct Bd Indx	1,344	1,391
	Fid	Mult Asst Indx	1,971	2,040
	Fid	Us Bd Indx	5,666	5,648
	#Stadion	Cor Inc Etf 7	51,344	50,889
	#Stadion	Cyc Trnd Etf 7	29,373	32,545
	#Stadion	Dom Eq Etf	230,721	266,268
	#Stadion	Dynmc Trnd Etf 7	29,530	29,393
	#Stadion	Intl Eq Etf 7	138,328	140,846
	Tiaacrf Lfcycind	2010 Inst	34	34
	Tiaacrf Lfcycind	2015 Inst	34	36
	Tiaacrf Lfcycind	2020 Inst	34	35
	Tiaacrf Lfcycind	2025 Inst	574	581
	Tiaacrf Lfcycind	2030 Inst	8,756	8,873
	Tiaacrf Lfcycind	2035 Inst	16,027	16,586
	Tiaacrf Lfcycind	2040 Inst	14,891	15,296
	Tiaacrf Lfcycind	2045 Inst	165,990	190,852
	Tiaacrf Lfcycind	2050 Inst	83,381	90,966
	Tiaacrf Lfcycind	2055 Inst	106,048	118,960
	Tiaacrf Lfcycind	2060 Inst	62,546	70,819
	Tiaacrf Lfcycind	2065 Inst	34	35
	Tiaacrf Lfcycindrt	inc Inst	34	34
	Vngrd	Bal Indx Adml	54,893	58,608
	Vngrd	Devl Mkt Indx Adml	9,408	9,430
	Vngrd	Emrg Mkt Stkindxadml	5,422	5,185
	Vngrd	Ftse Soc Indx Adml	724	788
	Vngrd	Gr Indx Adml	42,364	47,379
	Vngrd	Intdtrmtrsind Adml	668	658
	Vngrd	Mid-Cap Idx Fd As	24,495	28,080
	Vngrd	Realest Indx Adml	2,094	2,355
	Vngrd	St Bd Indx Adm	102	101
	Vngrd	St Corp Bd Indx Adml	176	175
	Vngrd	Sm Cap Indx Fd As	33,161	35,082
	Vngrd	Ttl Intl Bd Idx Adml	1,431	1,413
	Vngrd	Ttl Stmkt Indx Fd As	251,199	308,054
	Vngrd	Val Indx Adml	12,851	14,722

[illegible]

**Application for Extension of Time
To File Certain Employee Plan Returns**

OMB No. 1545-0212

- For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/form5558 for the latest information.

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) Ignite Medical Resorts MEP Number, street, and room or suite no. (If a P.O. box, see instructions) 1550 North Northwest Hwy. Suite 430 City or town, state, and ZIP code Park Ridge IL 60068	B Filer's identifying number (see instructions) Employer identification number (EIN)(9 digits XX-XXXXXXX) 82-3928071 Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name Ignite Medical Resorts Employee 401(k) Plan	<table border="1"><thead><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending--</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>001</td><td>12</td><td>31</td><td>2021</td></tr></tbody></table>	Plan number	Plan year ending--			MM	DD	YYYY	001	12	31	2021
Plan number	Plan year ending--											
	MM	DD	YYYY									
001	12	31	2021									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 17 / 2022 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 17 / 2022 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Multiple Employer Plan Participating Employer Information

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

[illegible]

**Application for Extension of Time
To File Certain Employee Plan Returns**

OMB No. 1545-0212

- For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/form5558 for the latest information.

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) Ignite Medical Resorts MEP Number, street, and room or suite no. (If a P.O. box, see instructions) 1550 North Northwest Hwy. Suite 430 City or town, state, and ZIP code Park Ridge IL 60068	B Filer's identifying number (see instructions) Employer identification number (EIN)(9 digits XX-XXXXXXX) 82-3928071 Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name Ignite Medical Resorts Employee 401(k) Plan	<table border="1"><thead><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending--</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>001</td><td>12</td><td>31</td><td>2021</td></tr></tbody></table>	Plan number	Plan year ending--			MM	DD	YYYY	001	12	31	2021
Plan number	Plan year ending--											
	MM	DD	YYYY									
001	12	31	2021									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 17 / 2022 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 17 / 2022 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

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

Name of plan

Ignite Medical Resorts Employee 401(k) Plan

Employer Identification Number

82-3928071

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Clvrt	Intl Rsp Indx R6	667	677
	Fed Hrms	Gov Oblgtns Prmr	523	523
	Fed Hrms	Inst Hiylbdbd Inst	4,532	4,669
	Fid	500 Indx	98,101	115,267
	Fid	Infl Prtct Bd Indx	1,344	1,391
	Fid	Mult Asst Indx	1,971	2,040
	Fid	Us Bd Indx	5,666	5,648
	#Stadion	Cor Inc Etf 7	51,344	50,889
	#Stadion	Cyc Trnd Etf 7	29,373	32,545
	#Stadion	Dom Eq Etf	230,721	266,268
	#Stadion	Dynmc Trnd Etf 7	29,530	29,393
	#Stadion	Intl Eq Etf 7	138,328	140,846
	Tiaacrf Lfcycind	2010 Inst	34	34
	Tiaacrf Lfcycind	2015 Inst	34	36
	Tiaacrf Lfcycind	2020 Inst	34	35
	Tiaacrf Lfcycind	2025 Inst	574	581
	Tiaacrf Lfcycind	2030 Inst	8,756	8,873
	Tiaacrf Lfcycind	2035 Inst	16,027	16,586
	Tiaacrf Lfcycind	2040 Inst	14,891	15,296
	Tiaacrf Lfcycind	2045 Inst	165,990	190,852
	Tiaacrf Lfcycind	2050 Inst	83,381	90,966
	Tiaacrf Lfcycind	2055 Inst	106,048	118,960
	Tiaacrf Lfcycind	2060 Inst	62,546	70,819
	Tiaacrf Lfcycind	2065 Inst	34	35
	Tiaacrf Lfcycindrt	inc Inst	34	34
	Vngrd	Bal Indx Adml	54,893	58,608
	Vngrd	Devl Mkt Indx Adml	9,408	9,430
	Vngrd	Emrg Mkt Stkindxadml	5,422	5,185
	Vngrd	Ftse Soc Indx Adml	724	788
	Vngrd	Gr Indx Adml	42,364	47,379
	Vngrd	Intdtrmtrsind Adml	668	658
	Vngrd	Mid-Cap Idx Fd As	24,495	28,080
	Vngrd	Realest Indx Adml	2,094	2,355
	Vngrd	St Bd Indx Adm	102	101
	Vngrd	St Corp Bd Indx Adml	176	175
	Vngrd	Sm Cap Indx Fd As	33,161	35,082
	Vngrd	Ttl Intl Bd Idx Adml	1,431	1,413
	Vngrd	Ttl Stmkt Indx Fd As	251,199	308,054
	Vngrd	Val Indx Adml	12,851	14,722

[illegible]