

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 DEVINE, MILLIMET & BRANCH 401(K) PLAN	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 01/01/1989
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) DEVINE, MILLIMET & BRANCH 111 AMHERST STREET MANCHESTER, NH 03101	2b Employer Identification Number (EIN) 02-0336151 2c Plan Sponsor's telephone number 603-669-1000 2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2023	KAREN BAER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 179
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) 105
a(2) Total number of active participants at the end of the plan year		6a(2) 91
b Retired or separated participants receiving benefits		6b 2
c Other retired or separated participants entitled to future benefits.....		6c 78
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 163
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 23
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 2R 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)	9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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	b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☐ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DEVINE, MILLIMET & BRANCH 401(K) PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 DEVINE, MILLIMET & BRANCH	D Employer Identification Number (EIN) 02-0336151	

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

(a) Name of insurance carrier STANDARD 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
93-0242990	69019	813150	30	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 2759910**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 ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 2756391**c** Additions: (1) Contributions deposited during the year **7c(1)** 40882
(2) Dividends and credits **7c(2)** 62299
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)** 661227
(5) Other (specify below) **7c(5)** 1983

▶ LOAN INT/PRIN PAYMENTS

(6) Total additions **7c(6)** 766391**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3522782**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 721402
(2) Administration charge made by carrier **7e(2)** 7558
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 33912

▶ MISC/FORFEITURES

(5) Total deductions **7e(5)** 762872**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2759910

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DEVINE, MILLIMET & BRANCH 401(K) PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 DEVINE, MILLIMET & BRANCH	D Employer Identification Number (EIN) 02-0336151	

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72	NONE	94410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 64	NONE	77040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIPFLI LLP

39-0758449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MATRIX TRUST COMPANY N.A.

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MATRIX TRUST COMPANY N.A.	19 21 25 62	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.	
ONEAMERICA RETIREMENT SERVICES, LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$2,000 ANNUAL TRUST AND CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>DEVINE, MILLIMET & BRANCH 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEVINE, MILLIMET & BRANCH</u>	D Employer Identification Number (EIN) <u>02-0336151</u>	

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	5107927877
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	1058185923452
(2) Participant contributions.....		1b(2)	3103910250
(3) Other.....		1b(3)	00
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(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)	
(8) Participant loans.....		1c(8)	6104873798
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(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)	7805741956735904
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	27563912759910
(15) Other		1c(15)	44470492387181

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	86462210	62918372

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	86462210	62918372
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	923452	
(B) Participants	2a(1)(B)	904264	
(C) Others (including rollovers)	2a(1)(C)	371647	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2199363
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2602	
(F) Other	2b(1)(F)	62299	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		64901
(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)	2454755	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2454755
(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)		-17038928
c Other income	2c		-389308
d Total income. Add all income amounts in column (b) and enter total	2d		-12709217
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10642068	
(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)		10642068
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)	98143	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	94410	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		192553
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10834621
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-23543838
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: WIPFLI LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DEVINE, MILLIMET & BRANCH 401(K) PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 DEVINE, MILLIMET & BRANCH		D Employer Identification Number (EIN) 02-0336151
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): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		Schedule R (Form 5500) 2022 v. 220413

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Devine, Millimet & Branch 401(k) Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2022 and 2021

**DEVINE
MILLIMET**

ATTORNEYS AT LAW

WIPFLI



Independent Auditor's Report

To the Pension Committee
Devine, Millimet & Branch 401(k) Plan
Manchester, New Hampshire

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

We have performed audits of the accompanying financial statements of Devine, Millimet & Branch 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Devine, Millimet & Branch 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the 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 (GAAP).
- the information in the 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Devine, Millimet & Branch 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Devine, Millimet & Branch 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 Devine, Millimet & Branch 401(k) 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 Devine, Millimet & Branch 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 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 GAAP.

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 GAAP.

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.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by 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).

Wipfli LLP

Wipfli LLP
Bedford, New Hampshire
July 27, 2023

Devine, Millimet & Branch 401(k) Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2022	2021
Assets:		
Noninterest-bearing cash	\$ 27,877	\$ 51,079
Investments, participant-directed:		
Investments at fair value	59,123,085	82,504,468
Investment at contract value	2,759,910	2,756,391
Total investments, participant directed	61,882,995	85,260,859
Notes receivable from participants	73,798	61,048
Contributions receivable:		
Participants	10,250	31,039
Employer	923,452	1,058,185
Total contributions receivable	933,702	1,089,224
Net assets available for benefits	\$ 62,918,372	\$ 86,462,210

See accompanying notes to financial statements.

Devine, Millimet & Branch 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2022	2021
Investment income (loss):		
Interest and dividend income	\$ 2,648,355	\$ 5,567,011
Net appreciation (depreciation) in fair value of investments	(17,559,537)	5,422,802
Total investment income (loss)	(14,911,182)	10,989,813
Less investment expenses	94,410	74,496
Net investment income (loss)	(15,005,592)	10,915,317
Interest income on notes receivable from participants	2,602	3,315
Contributions:		
Employer match	119,068	169,821
Employer discretionary	804,384	888,477
Participants	904,264	1,033,620
Participant rollover contributions	371,647	119,320
Total contributions	2,199,363	2,211,238
Deductions:		
Benefits paid to participants	(10,642,068)	(2,981,270)
Administrative and management fees	(98,143)	(51,376)
Total deductions	(10,740,211)	(3,032,646)
Net change	(23,543,838)	10,097,224
Net assets available for benefits - beginning of year	86,462,210	76,364,986
Net assets available for benefits - end of year	\$ 62,918,372	\$ 86,462,210

See accompanying notes to financial statements.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Devine, Millimet & Branch 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Devine, Millimet & Branch 401(k) Plan (the Plan), is a defined contribution plan established by Devine Millimet & Branch, Professional Association (the employer) on December 28, 1988, and was restated July 15, 2022, to bring the plan into compliance with the latest legislative and regulatory changes. The Plan covers all eligible employees, as defined, who elect to participate and who have reached age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Plan participants may select from various investment options made available under the Plan, including a participant directed brokerage account investment option. The brokerage account is an option within the Plan which allows a participant to invest in assets outside the list of Plan investment options. Investment decisions are the sole responsibility of the Plan participant. Plan contributions are invested based upon these selected options.

Contributions

Participating employees are allowed to make salary savings contributions at a rate of up to 100% of compensation, subject to certain dollar limitations. Participants may also make Roth elective deferrals. In addition, participants may contribute funds from another qualified plan (rollover contributions) subject to certain requirements. The employer will make matching contributions equal to 50% of the participant's elective deferrals that do not exceed 4% of the compensation. In addition, the employer may make a discretionary contribution to the Plan, which would be allocated to participants in accordance with the Plan document. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

The portions of participants' accounts consisting of salary deferrals are 100% vested immediately. The portions of participants' accounts which result from employer contributions are subject to a graded vesting schedule and become 100% vested after 6 years of service.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Notes Receivable From Participants

Participants may borrow from the Plan, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their allowed account balance, as defined. Loans must be repaid, with interest, over a period normally not to exceed five years. If the loan is for the purchase of a principal residence, a longer repayment period may be permitted. There is no penalty for prepayment of loans. With the exception of transferred loans, individual participants may not have more than one loan in existence at a time. The participant balances are held as collateral for these loans. Interest on participant loans is based upon market rates set at the time of the borrowing. Interest rates for participant loans ranged from 3.25% to 5.50% during the year ended December 31, 2022 and 3.25% to 5.00% during the year ended December 31, 2021. Principal and interest is paid through payroll deductions.

Payment of Benefits

Benefits under the Plan are determined, as follows:

1. Upon retirement, death, total and permanent disability, or termination of service for other reasons, all amounts credited to the participant's account shall be distributed either in one lump-sum payment, a series of periodic payments as defined in the Plan, or in partial withdrawals, provided the minimum withdrawal is \$1,000. If the vested balance does not exceed \$5,000, the balance may only be distributed in a single lump-sum payment and will be made regardless of whether consent is received.
2. In-service withdrawals are permitted for active employees who have reached age 59 ½ and who have been a participant in the Plan for at least six years. Hardship distributions may also be made subject to certain requirements and Plan provisions.

Forfeitures

Forfeitures attributable to employer contributions, if any, which have not become vested, are used to reduce the employer contributions. Employer contributions were reduced by forfeitures in the amount of \$62,358 and \$33,912 during 2022 and 2021, respectively. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$62,089 and \$25,215, respectively.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying 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).

Accounting 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions in net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds and the self-directed brokerage account are reported at fair value. The Plan's investments in a money market fund in the self-directed brokerage account is measured at net asset value (NAV), which is used as a practical expedient to measure fair value. This practical expedient would not be used if it is determined to be probable that the investments would be sold for an amount different from the reported net asset value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The measurement of fair value is made using the fair value hierarchy discussed in Note 4. The guaranteed investment contract is based on contract value as reported by the Standard Insurance Company which is the amount the participants would normally receive if they were to initiate permitted transactions under the Plan as discussed in Note 3.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments include 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. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Benefit Payments

Benefits are reflected as a reduction in net assets available for benefits when paid.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Funding Policy

The employer's policy is to fund the Plan in accordance with the contribution formula, as defined. For the years ended December 31, 2022 and 2021, the funding requirements, as defined, were met.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of distributions and notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses that are paid by the plan are included in net investment income or loss.

Note 3: Fully Benefit-Responsive Investment Contract (FBRIC)

The Standard Stable Asset Fund II meets the fully-benefit responsive investment contract criteria and, therefore, is reported at contract value. Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. Net deposits and interest credited become part of the insurance company's general account and there are no particular segregated or identifiable assets ascribed to the Plan's investment. Contract value is guaranteed by the full faith and credit of the insurance company in order to provide a guaranteed rate of principal, along with competitive crediting rates and 100% liquidity. Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. Certain events may limit the Plan's ability to transact at contract value, such as termination of the contract, corporate relocation and partial or total termination of the Plan. In these situations, a market value adjustment or other withdrawal restrictions may apply.

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 would limit the ability of the Plan to transact at contract value with the participants. The Plan has a guaranteed fund held under a contract with Standard Insurance Company.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. For reasonable cause, provided 30 days advance written notice is given;
2. Failure to abide by state or federal law;
3. Failure to render performance necessary to comply with the terms of the contract;
4. Plan disqualification; or
5. Failure to maintain assets of at least \$25,000.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 3: Fully Benefit-Responsive Investment Contract (FBRIC) (Continued)

The Standard Stable Asset Fund II is guaranteed as to principal and interest. The crediting interest rate is set quarterly and is calculated based on the earnings of the underlying assets. The rate is guaranteed to be at least 1%. The Standard Insurance Company contract contains a cessation clause which may require the distribution of the contract balance, adjusted by a market value factor if the contract is terminated by the Plan. Participants can invest in and sell the fund without limitation, at contract value.

Note 4: Fair Value Measurements

The fair value of the Plan's investments is determined by using a hierarchy that prioritizes the inputs to valuation techniques. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of quoted prices for identical or similar assets in inactive markets, quoted prices for similar assets in active markets, inputs that are derived principally from or corroborated by observable market data by correlation or other means, or observable inputs other than quoted prices; and Level 3 inputs consist of inputs to the valuation methodology that are unobservable and significant to the fair value measurement and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The asset'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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. 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.

Self-directed Brokerage Account: Accounts primarily consist of stocks, bonds, U.S. Treasury securities, mutual funds, and exchange traded securities, all of which are valued on the basis of readily determinable market prices or are valued at the closing price reported on the inactive market on which the individual securities are traded. The self-directed brokerage account also includes a money market fund which is valued at the net asset value of the shares held by the account at year end. The NAV is based upon the fair value of the underlying investments in the fund. The fund's objective is to provide liquidity with low-risk.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

The following tables set forth the levels, within the fair value hierarchy, of the valuation techniques used to determine the fair value of the Plan's assets as of:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 56,735,904	\$ -	\$ -	\$ 56,735,904
Self-directed brokerage account	1,512,867	468,508	-	1,981,375
Total investment assets in the fair value hierarchy	\$ 58,248,771	\$ 468,508	\$ -	\$ 58,717,279
Self-directed brokerage account measured at NAV*				405,806
Total investment assets at fair value				\$ 59,123,085

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 78,057,419	\$ -	\$ -	\$ 78,057,419
Self-directed brokerage account	3,101,495	1,041,324	-	4,142,819
Total investment assets in the fair value hierarchy	\$ 81,158,914	\$ 1,041,324	\$ -	\$ 82,200,238
Self-directed brokerage account measured at NAV*				304,230
Total investment assets at fair value				\$ 82,504,468

* In accordance with current accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The inputs or methodology used for valuing securities are not necessarily indicative of the risk associated with investing in those securities.

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2022 and 2021. There are no participant redemption restrictions on these investments; the redemption notice period is applicable only to the Plan.

	2022			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Money market fund	\$ 405,806	N/A	Daily	N/A

	2021			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Money market fund	\$ 304,230	N/A	Daily	N/A

Note 5: Information Prepared and Certified by the Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedule, including noninterest-bearing cash, investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company, the Trustee of the Plan as of December 31, 2022 and 2021, and for the year ended December 31, 2022 and the period from May 21, 2021 to December 31, 2021, and BMO Harris Bank, N.A., the Trustee of the Plan for the period from January 1, 2021 to May 21, 2021.

Note 6: Tax Status

Effective January 1, 2015, the Employer adopted the Devine, Millimet & Branch Volume Submitter Profit Sharing Plan with CODA. The IRS issued a notification letter on the prototype plan, dated March 31, 2014. The letter stated, in part, that an employer who adopts this Plan may rely on the letter with respect to qualification of its plan under Code Section 401(a), provided the terms of the prototype plan are followed. Effective July 15, 2022, the Employer adopted a non-standardized pre-approved profit sharing plan with CODA with an IRS notification letter, dated August 19, 2020, which states the pre-approved plan document is in compliance with the applicable sections of the Internal Revenue Code (IRC).

Devine, Millimet & Branch 401(k) Plan

Notes to Financial Statements

Note 6: Tax Status (Continued)

The Plan has been amended since receiving the notification letters; however, the plan administrator and the Plan's legal counsel believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7: Plan Termination

Although it has not expressed any intent to do so, the employer has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Note 8: Party-In-Interest Transactions

OneAmerica Retirement Services (the recordkeeper), provided administrative and management services for which it charged the Plan \$77,040 and \$38,526 during 2022 and 2021, respectively. These transactions qualify as party-in-interest transactions.

Morgan Stanley Smith Barney LLC provides various services in connection with the plan, including investment advisory services to Plan participants for which they charged the Plan \$94,410 and \$74,496 during 2022 and 2021, respectively. These transactions qualify as party-in-interest transactions.

The Plan also has arrangements with various service providers. These transactions also qualify as party-in-interest transactions under ERISA.

Notes receivable from participants also qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

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 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: Subsequent Events

Management has evaluated subsequent events through July 27, 2023, the date when the financial statements were available to be issued.

Devine, Millimet & Branch 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #02-0336151 Plan #005

December 31, 2022

(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
	Allspring	Allspring Special Mid Cap Value Fund Administrator	**	1,157,867
	American Century Funds	American Century Growth Inv	**	490,163
	American Century Funds	American Century High Income R6	**	136,296
	American Century Funds	American Funds American Balanced R4	**	3,076,178
	Calamos	Calamos Market Neutral Income I	**	741,379
	Cohen & Steers	Cohen & Steers Realty Shares	**	1,223,835
	Columbia Funds	Columbia Total Return Bond Fund Instl	**	1,836,439
	Federated Investors	Federated Hermes Kaufmann Small Cap R6	**	825,420
	Fidelity Investments	Fidelity 500 Index Institutional Prem	**	2,554,738
	Fidelity Investments	Fidelity International Index InstlPrm	**	1,155,066
	Fidelity Investments	Fidelity Mid Cap Index Instl Prem	**	709,680
	Fidelity Investments	Fidelity Small Cap Index Instl Prem	**	346,708
	Fidelity Investments	Fidelity Total Market Index Instl Prem	**	817,705
	Goldman Sachs	Goldman Sachs Em Mkts Eq Insights Intl	**	1,493,719
	JPMorgan	JPMorgan US Equity R6	**	2,567,660
	Lord Abbett	Lord Abbett Bond Debenture R4	**	712,900
	MFS Funds	MFS Value R4	**	3,675,860
	Nuveen Investments	Nuveen Dividend Growth I	**	2
	PGIM	PGIM Global Total Return CI R6	**	395,884
	PGIM	PGIM Jennison Mid-Cap Growth CI R6	**	1,726,739
	T. Rowe Price Funds	T. Rowe Price Value Fund ADV	**	2,319,805
	T. Rowe Price Funds	T. Rowe Price Small-Cap Value	**	1,797,508
	TIAA-CREF	TIAA-CREF Lifecycle Index 2015 Instl	**	3,271
	TIAA-CREF	TIAA-CREF Lifecycle Index 2020 Instl	**	2,154,077
	TIAA-CREF	TIAA-CREF Lifecycle Index 2025 Instl	**	3,983,595
	TIAA-CREF	TIAA-CREF Lifecycle Index 2030 Instl	**	2,663,253
	TIAA-CREF	TIAA-CREF Lifecycle Index 2035 Instl	**	2,201,483
	TIAA-CREF	TIAA-CREF Lifecycle Index 2040 Instl	**	1,515,824
	TIAA-CREF	TIAA-CREF Lifecycle Index 2045 Instl	**	635,286
	TIAA-CREF	TIAA-CREF Lifecycle Index 2050 Instl	**	287,933
	TIAA-CREF	TIAA-CREF Lifecycle Index 2055 Instl	**	358,009
	TIAA-CREF	TIAA-CREF Lifecycle Index 2060 Instl	**	272,238
	TIAA-CREF	TIAA-CREF Lifecycle Index 2065 Instl	**	5,684
	TIAA-CREF	TIAA-CREF Lifecycle Index Ret Inc Instl	**	3,856,995
	TIAA-CREF	TIAA Cref Instl Mut Fds Soc Choice Equ	**	4,400
	Vanguard Funds	Vanguard Inflation-Protected Secs Inv	**	566,993
	Vanguard Funds	Vanguard International Growth Adm	**	3,087,929
	Virtus	Virtus Focused Growth Instl	**	5,377,383
	Standard Insurance Company	Standard Stable Asset 2	**	2,759,910
	Individual Directed	Brokerage Account	**	2,387,181
				61,882,995
		Interest rates of 3.25% - 5.50%, various maturity dates, secured by vested participant balances		
*	Participant Loans		-	73,798
Total				\$ 61,956,793

* Denotes party-in-interest.

** Investment is participant-directed; therefore, cost information may be omitted.

See Independent Auditor's Report.

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
ASSETS				
NON-INTEREST BEARING CASH				
CASH	27,876.76	CASH	27,876.76	27,876.76
TOTAL NON-INTEREST BEARING CASH			27,876.76	27,876.76
GENERAL INVESTMENTS				
Interest-Bearing Cash				
Ameritrade Cash Account	1,190.03	Ameritrade Cash Account	1,190.03	1,190.03
TDA Money Market Deposit Account	405,805.91	TDA Money Market Deposit Account	405,805.91	405,805.91
Total Interest-Bearing Cash			406,995.94	406,995.94
U.S Government Securities				
US Treasury Note/Bond	55,000.000	US Treasury Note/Bond	55,588.50	54,664.84
Total U.S Government Securities			55,588.50	54,664.84
Corporate Debt Instruments (Other Than Employer Securities) – Preferred				
Virginia Elec & Power Co	60,000.000	Virginia Elec & Power Co	61,030.09	59,686.20
Equinor Asa	50,000.000	Equinor Asa	45,788.00	46,621.75
Total Corporate Debt Instruments (Other Than Employer Securities) – Preferred			106,818.09	106,307.95
Corporate Debt Instruments (Other Than Employer Securities) – All Other				
HP Enterprise Co	85,000.000	HP Enterprise Co	88,353.51	84,275.80
Centene Corp	50,000.000	Centene Corp	52,125.00	47,000.00
Motorola Solutions Inc	50,000.000	Motorola Solutions Inc	46,064.50	47,701.22
National Oilwell Varco I	50,000.000	National Oilwell Varco I	51,694.00	43,947.00
Quanta Services Inc	50,000.000	Quanta Services Inc	50,899.39	41,236.45
Charles Schwab Corp	50,000.000	Charles Schwab Corp	51,000.00	43,375.00
Total Corporate Debt Instruments (Other Than Employer Securities) – All Other			340,136.40	307,535.47
Corporate Stocks (Other Than Employer Securities) – Common				
Abbott Laboratories	475.000	Abbott Laboratories	66,851.50	52,150.25
Abbvie Inc	375.000	Abbvie Inc	44,129.75	60,603.75
Alexandria Real Estate	310.000	Alexandria Real Estate	69,117.60	45,157.70
Allegion PLC	370.000	Allegion PLC	49,002.80	38,946.20
Astrazeneca Plc Sponsored Adr	940.000	Astrazeneca Plc Sponsored Adr	54,755.00	63,732.00
Church & Dwight	505.000	Church & Dwight	51,762.50	40,708.05
Constellation Brands Cl. A	260.000	Constellation Brands Cl. A	65,252.20	60,255.00
Crown Castle Inc	425.000	Crown Castle Inc	81,432.00	57,647.00
Home Depot Incorporated	273.000	Home Depot Incorporated	113,297.73	86,229.78
Intuitive Surgical	120.000	Intuitive Surgical	43,116.00	31,842.00
IQVIA Holdings Inc	275.000	IQVIA Holdings Inc	54,166.75	56,344.75
L3Harris Technologies Inc	230.000	L3Harris Technologies Inc	49,045.20	47,888.30
Microsoft Corporation	275.000	Microsoft Corporation	92,488.00	65,950.50
Nike Inc.	500.000	Nike Inc.	83,335.00	58,505.00
Sherwin Williams	255.000	Sherwin Williams	89,800.80	60,519.15
Union Pacific Corp.	335.000	Union Pacific Corp.	84,396.55	69,368.45
Unitedhealth Group Inc	175.000	Unitedhealth Group Inc	87,874.50	92,781.50
Verisk Analytics Inc CL A	285.000	Verisk Analytics Inc CL A	61,574.68	50,279.70
Visa Inc Class A Shares	350.000	Visa Inc Class A Shares	75,848.50	72,716.00
Waste Management Inc	410.000	Waste Management Inc	68,429.00	64,320.80
Total Corporate Stocks (Other Than Employer Securities) – Common			1,385,676.06	1,175,945.88
Participant Loans				
Master Participant Loan	73,798.24	Master Participant Loan	73,798.24	73,798.24
Total Participant Loans		Interest rate range 3.25% - 5.50%		

Assets Held at End of Year
Devine, Millimet & Branch 401(k) Plan
a10415
CONSOLIDATED
Tax Number: 020336151
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
Value of Interest in Common / Collective Trusts				
Standard Stable Asset 2	83,609.322	Standard Stable Asset 2	2,706,263.16	2,759,910.28
Total Value of Interest in Common / Collective Trusts			2,706,263.16	2,759,910.28
Value of Interest in Registered Investment Companies				
Allspring Special Mid Cap Value Fund Administrator	26,303.195	Allspring Special Mid Cap Value Fund	1,302,309.99	1,157,866.64
American Century Growth Inv	13,795.754	American Century Growth Inv	727,698.13	490,163.14
American Century High Income R6	16,910.144	American Century High Income R6	161,979.89	136,295.76
American Funds American Balanced R4	107,146.557	American Funds American Balanced R4	559,022.42	3,076,177.65
BlackRock Event Driven Equity Instl	14,141.534	BlackRock Event Driven Equity Instl	140,184.58	136,748.63
Calamos Market Neutral Income I	53,879.300	Calamos Market Neutral Income I	781,584.18	741,379.17
Cohen & Steers Realty Shares	20,930.986	Cohen & Steers Realty Shares	1,711,971.21	1,223,834.75
Columbia Total Return Bond Fund Instl	61,958.135	Columbia Total Return Bond Fund Instl	2,275,960.79	1,836,439.12
Federated Hermes Kaufmann Small Cap R6	20,024.746	Federated Hermes Kaufmann Small Cap R6	180,230.52	825,420.03
Fidelity® 500 Index Institutional Prem	19,191.242	Fidelity® 500 Index Institutional Pre	3,152,794.25	2,554,738.14
Fidelity® International Index InstlPrm	28,042.378	Fidelity® International Index InstlPr	1,369,106.94	1,155,065.55
Fidelity® Mid Cap Index Instl Prem	27,379.613	Fidelity® Mid Cap Index Instl Prem	858,243.87	709,679.57
Fidelity® Small Cap Index Instl Prem	15,977.317	Fidelity® Small Cap Index Instl Prem	435,039.86	346,707.78
Fidelity® Total Market Index Instl Prem	7,715.651	Fidelity® Total Market Index Instl Pr	1,022,250.65	817,704.69
Goldman Sachs Em Mkts Eq Insghts Intl	199,962.343	Goldman Sachs Em Mkts Eq Insghts Intl	922,739.83	1,493,718.70
iShares Gold Trust	4,149.000	iShares Gold Trust	144,426.69	143,513.91
JPMorgan US Equity R6	149,543.364	JPMorgan US Equity R6	3,283,758.45	2,567,659.56
Lord Abbett Bond Debenture R4	102,134.711	Lord Abbett Bond Debenture R4	823,666.04	712,900.28
MFS Value R4	77,435.432	MFS Value R4	4,164,739.27	3,675,859.96
Nuveen Dividend Growth I	0.047	Nuveen Dividend Growth I	2.68	2.34
PGIM Global Total Return CI R6	78,861.442	PGIM Global Total Return CI R6	517,026.71	395,884.44
PGIM Jennison Mid-Cap Growth CI R6	95,399.958	PGIM Jennison Mid-Cap Growth CI R6	1,728,574.66	1,726,739.24
Pioneer ILS Interval Fund	6,839.475	Pioneer ILS Interval Fund	56,239.85	55,468.14
T Rowe Price Value Fund ADV	61,615.010	T Rowe Price Value Fund ADV	2,831,558.42	2,319,805.13
T. Rowe Price Small-Cap Value	37,526.273	T. Rowe Price Small-Cap Value	2,285,049.71	1,797,508.48
TIAA-CREF Lifecycle Index 2015 Instl	207.957	TIAA-CREF Lifecycle Index 2015 Instl	3,667.80	3,271.16
TIAA-CREF Lifecycle Index 2020 Instl	127,009.273	TIAA-CREF Lifecycle Index 2020 Instl	2,582,697.25	2,154,077.27
TIAA-CREF Lifecycle Index 2025 Instl	215,096.934	TIAA-CREF Lifecycle Index 2025 Instl	4,788,758.91	3,983,595.22
TIAA-CREF Lifecycle Index 2030 Instl	132,830.572	TIAA-CREF Lifecycle Index 2030 Instl	3,218,358.87	2,663,252.97
TIAA-CREF Lifecycle Index 2035 Instl	102,394.559	TIAA-CREF Lifecycle Index 2035 Instl	2,668,523.44	2,201,483.02
TIAA-CREF Lifecycle Index 2040 Instl	66,835.267	TIAA-CREF Lifecycle Index 2040 Instl	1,828,410.44	1,515,823.86
TIAA-CREF Lifecycle Index 2045 Instl	27,125.802	TIAA-CREF Lifecycle Index 2045 Instl	770,060.36	635,286.28
TIAA-CREF Lifecycle Index 2050 Instl	12,154.220	TIAA-CREF Lifecycle Index 2050 Instl	346,981.91	287,933.47
TIAA-CREF Lifecycle Index 2055 Instl	18,753.741	TIAA-CREF Lifecycle Index 2055 Instl	428,015.09	358,008.92
TIAA-CREF Lifecycle Index 2060 Instl	18,431.795	TIAA-CREF Lifecycle Index 2060 Instl	327,273.90	272,237.61
TIAA-CREF Lifecycle Index 2065 Instl	539.256	TIAA-CREF Lifecycle Index 2065 Instl	6,333.58	5,683.76
TIAA-CREF Lifecycle Index Ret Inc Instl	269,531.476	TIAA-CREF Lifecycle Index Ret Inc Ins	4,582,050.95	3,856,995.42
TIAA Cref Instl Mut Fds Soc Choice Equ	197.645	TIAA Cref Instl Mut Fds Soc Choice Eq	5,095.94	4,399.58
Vanguard Inflation-Protected Secs Inv	48,091.010	Vanguard Inflation-Protected Secs Inv	684,554.85	566,993.01
Vanguard International Growth Adm	34,158.506	Vanguard International Growth Adm	4,521,451.19	3,087,928.94
Virtus Focused Growth Instl	138,485.268	Virtus Focused Growth Instl	8,499,415.89	5,377,382.96
Total Value of Interest in Registered Investment Companies			71,697,809.96	57,071,634.25
TOTAL GENERAL INVESTMENTS			76,793,952.74	61,977,659.24
TOTAL ASSETS			76,821,829.50	62,005,536.00
TOTAL NET ASSETS			76,821,829.50	62,005,536.00