

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 TMC HEALTHCARE 401(K) PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 01/01/1997
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) TMC HEALTHCARE TMC HEALTH 5301 EAST GRANT ROAD TUCSON, AZ 85712	2b Employer Identification Number (EIN) 20-2218975 2c Plan Sponsor's telephone number 520-324-2775 2d Business code (see instructions) 622000

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.	08/10/2023	ALEX HORVATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2023	ALEX HORVATH
	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	6112
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1)	4446
		6a(2)	5004
		6b	270
		6c	1529
		6d	6803
		6e	12
		6f	6815
		6g	6223
		6h	503
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 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 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 TMC HEALTHCARE 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE	D Employer Identification Number (EIN) 20-2218975

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	
AMERICAN FUNDS	PO BOX 6007 INDIANAPOLIS, IN 46206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS INST	PO BOX 770002 CINCINNATI, OH 45277

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	101 CONSTITUTION AVE NW WASHINGTON, DC 20001

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MFS DISTRIBUTORS INC	PO BOX 55824 BOSTON, MA 02205

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

PIMCO FUNDS DIST INST

PO BOX 55060
BOSTON, MA 02205

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

PRINCIPAL INVESTMENTS

PO BOX 8024
BOSTON, MA 02266

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

CHARLES SCHWAB INVESTMENT MGMT. INC

94-3106735

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

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

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

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

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

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

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

T ROWE PRICE RPS INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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 21 25 28 33 37 38 49 50 52 55 59 62 64 65 71	NONE	383731	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAPFINANCIAL PARTNERS LLC

PO BOX 60071
RALEIGH, NC 27675

(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?
16 27 50	NONE	65000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUDWIG KLEWER & CO

4783 EAST CAMP LOWELL DRIVE
SUITE 5500
TUCSON, AZ 85712

(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	15250	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 62 71	NONE	71	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
CHARLES SCHWAB & CO., INC.	33 50 62 71	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.	
AMERICAN FUNDS PO BOX 6007 INDIANAPOLIS, IN 46206	RATE OF 0.37% OF AVERAGE DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 50 62 71	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.	
PGIM INVESTMENTS PO BOX 9658 PROVIDENCE, RI 02940	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 50 62 71	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.	
T ROWE-PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET	

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
CHARLES SCHWAB & CO., INC.	33 50 62 71	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.	
THE PACIFIC FINANCIAL GROUP 777 108TH AVE NE BELLEVUE, WA 98004	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE RPS INC	15 21 25 28 33 37 38 49 50 52 55 59 62 64 65 71 99	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.	
GOLDMAN SACHS SM CAP 101 CONSTITUTION AVE NW WASHINGTON, DC 20001	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TMC HEALTHCARE 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE	D Employer Identification Number (EIN) 20-2218975	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE COMMON TRUST FUND			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 52-1309931-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15209339	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6336995	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2005 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 61-6434302-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 603084	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2010 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 32-6199795-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4358809	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2015 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4409079	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2020 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 36-7594871-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17786010	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025 TRUST			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 37-6495447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20021256	

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7010946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23854134
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17974771
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21706735
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18924039
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17190251
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14053795
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2065 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2159697
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND CT

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 38-4139822-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2463702
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>TMC HEALTHCARE 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TMC HEALTHCARE</u>	D Employer Identification Number (EIN) <u>20-2218975</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	238210	301991
(2) Participant contributions.....	1b(2)	682329	784089
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	192129	716173
(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)	1038907	662306
(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)	3147731	3113947
(9) Value of interest in common/collective trusts.....	1c(9)	203907872	187051696
(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)	119016275	83710702
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	328223453	276340904

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	328223453	276340904
---	-----------	-----------	-----------

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)	6737146	
(B) Participants	2a(1)(B)	20894234	
(C) Others (including rollovers)	2a(1)(C)	4394064	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		32025444
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)	165886	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		165886
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37111	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2435260	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2472371
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1188878	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1265654	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-76776
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-631134	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-631134

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-33538903
(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)		-28132478
c Other income	2c		231815
d Total income. Add all income amounts in column (b) and enter total	2d		-27483775
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23942794	
(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)		23942794
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		29613
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	80250	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	383731	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		463981
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24436388
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-51920163
l Transfers of assets:			
(1) To this plan	2l(1)		37614
(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: LUDWIG KLEWER & RUDNER PLLC

(2) EIN: 36-4538293

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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 TMC HEALTHCARE 401(K) PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE		D Employer Identification Number (EIN) 20-2218975
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): 58-1428634		
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 _____

TMC HEALTHCARE 401(k) PLAN

Audited Financial Statements
and Supplementary Information

For the years ended December 31, 2022 and 2021

TMC HEALTHCARE 401(k) PLAN

INDEX

	<u>Page</u>
Independent Auditor's Report	1 – 3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 11
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13 - 25

INDEPENDENT AUDITOR'S REPORT

To the Participants and Beneficiaries
TMC HealthCare 401(k) Plan

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

We have performed an audit of the financial statements of the TMC HealthCare 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 statement of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021 and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the TMC HealthCare 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



INDEPENDENT AUDITOR'S REPORT, Continued

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about TMC HealthCare 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the TMC HealthCare 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 the TMC HealthCare 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

INDEPENDENT AUDITOR'S REPORT, Continued

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

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

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

LOWE KLEIN & ZWARTZ PLLC

July 25, 2023

TMC HEALTHCARE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	2022	2021
<u>ASSETS</u>		
Cash	\$ 716,173	\$ 192,129
Investments, at fair value	271,424,704	323,963,054
Receivables:		
Participant contributions	784,089	682,329
Employer contributions	301,991	238,210
Notes receivable from participants	3,113,947	3,147,731
Total receivables	4,200,027	4,068,270
Total assets	276,340,904	328,223,453
<u>LIABILITIES</u>		
Total liabilities	-	-
Total assets and net assets reflecting investments at fair value	\$ 276,340,904	\$ 328,223,453

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

TMC HEALTHCARE 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2022 and 2021

	2022	2021
Additions to net assets attributed to:		
Net investment (loss) income:		
Net change in fair value of investments	\$ (62,379,291)	\$ 32,284,724
Interest and dividend income	2,472,371	7,344,509
Other income	231,815	111,903
Net investment (loss) income	(59,675,105)	39,741,136
Interest income on notes receivable from participants	165,886	215,096
Contributions by participants	20,894,234	18,423,225
Contributions by employer	6,737,146	6,013,079
Rollover contributions	4,394,064	5,254,038
Total contributions	32,025,444	29,690,342
Total (subtractions) additions	(27,483,775)	69,646,574
Deductions from net assets attributed to:		
Benefits paid to participants	23,972,407	30,157,463
Administrative expenses	463,981	441,197
Total deductions	24,436,388	30,598,660
Net change	(51,920,163)	39,047,914
Net assets available for benefits:		
Beginning of year	328,223,453	289,175,539
Participant loans transferred in from Benson Hospital 403(b) Retirement Plan	37,614	-
End of year	\$ 276,340,904	\$ 328,223,453

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

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

1. Description of Plan

The following description of the TMC HealthCare (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a deferred arrangement covering all employees of the Company who have completed one hour of service. Employees are eligible for discretionary matching contributions after completing one hour of service. Employees are eligible for discretionary employer non-elective contributions (legacy contributions) if employed by the Company since January 31, 1996 and employed by the Company on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute a percentage of pretax annual compensation as defined in the Plan. Participants may also make Roth contributions to the Plan. In addition, participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make discretionary matching contributions on behalf of the participants. During the years ended December 31, 2022 and 2021, discretionary matching contributions were equal to 50% of each participant's deferral contribution up to a maximum of 6% of the participant's eligible compensation. The Company may also make discretionary non-elective contributions. The Company did not make any discretionary non-elective contributions for the years ended December 31, 2022 and 2021. Contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant Accounts

Each participant's account is credited with an allocation of the Company's contributions, forfeitures and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, legacy contributions, qualified non-elective contributions and qualified matching contributions, plus actual earnings thereon. Vesting in discretionary matching contributions is based on years of continuous service. A participant is 100% vested after two years of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or one-half of their vested account balance, but less than the highest outstanding balance on any note that participants have had for the twelve months prior, whichever is less. The notes receivable are secured by the balance in the participant's account and bear interest from 4.25% to 8.5%, which is commensurate with local prevailing rates as determined by the plan administrator. The notes receivable must be repaid through payroll deductions over a period of no longer than five years unless the principal was used to purchase a primary residence, in which case, the principal may be repaid over a period of no longer than 20 years.

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

1. Description of Plan, Continued

Administrative Expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

Payment of Benefits

On termination of service due to death, disability or retirement or other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$363,338 and \$453,331, respectively. During the years ended December 31, 2022 and 2021, there were \$396,390 and \$265,260, respectively, in reductions of employer matching contributions due to forfeitures.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

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

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS For the years ended December 31, 2022 and 2021

3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

4. Income Tax Status

The IRS has determined and informed plan management, by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2022, management is not aware of any uncertain tax positions that are potentially material. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits in progress for any tax periods.

5. Fair Value Measurements

The Financial Accounting Standards Board has established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

5. Fair Value Measurements, Continued

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

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

Mutual funds: are valued at the net asset value of shares held by the Plan at year end.

Common Trust Funds: is valued at net asset value based on the market value of the underlying investments.

Common stocks: are valued at the closing price reported on the active market on which the individual securities are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets:

Investments at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Common trust funds	\$ -	\$ 187,051,696	\$ -	\$ 187,051,696
Mutual funds	83,710,702	-	-	83,710,702
Common stocks	662,306	-	-	662,306
Total investments	\$ 84,373,008	\$ 187,051,696	\$ -	\$ 271,424,704

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Common trust funds	\$ -	\$ 203,907,872	\$ -	\$ 203,907,872
Mutual funds	119,016,275	-	-	119,016,275
Common stocks	1,038,907	-	-	1,038,907
Total investments	\$ 120,055,182	\$ 203,907,872	\$ -	\$ 323,963,054

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

6. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplementary information was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	2022	2021
Investments at fair value as determined by quoted market price:		
Common trust funds	\$ 187,051,696	\$ 203,907,872
Mutual funds	83,550,468	117,703,717
	<u>\$ 270,602,164</u>	<u>\$ 321,611,589</u>
Notes receivable from participants	<u>\$ 3,113,947</u>	<u>\$ 3,147,731</u>
Change in fair value of investments	<u>\$ (62,646,634)</u>	<u>\$ 32,017,381</u>
Interest and dividend income	<u>\$ 2,360,762</u>	<u>\$ 7,232,900</u>
Interest income on notes receivable from participants	<u>\$ 165,886</u>	<u>\$ 215,096</u>

7. Agreements and Transactions with Parties-in-Interest

Fees paid by the Company on behalf of the Plan for legal, accounting and other services rendered to the Plan were based upon customary and reasonable rates for such services, as determined by the Plan's trustees.

8. Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of total contributions per the financial statements to Form 5500 at December 31, 2021:

Total contributions per the financial statements	\$ 29,690,342
Add prior year participant contribution receivable	628,419
Add prior year employer contribution receivable	227,986
Total contributions per form 5500	<u>\$ 30,546,747</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 at December 31,:

	2022	2021
Benefit paid to participants per the financial statements	\$ 23,972,407	\$ 30,157,463
Less current year deemed distributions	(29,613)	(44,518)
Total benefit payments per form 5500	<u>\$ 23,942,794</u>	<u>\$ 30,112,945</u>

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2022 and 2021

9. Transfer of Assets

During February 2022, participant notes receivable in the amount of \$37,614 were transferred into the Plan in connection with the Plan's acquisition of the assets of the Benson Hospital 403(b) Retirement Plan (Benson Plan). As a result, the Benson Plan was terminated, and the participants of the Benson Plan were enrolled in the Plan. The Benson Plan participant account balances were rolled in to the Plan, and the Benson Plan participant loans were transferred to the Plan at the then existing loan terms and conditions.

10. Secure Act 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provision to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

11. Subsequent Events

Effective January 2023, the NCCH 401(k) Retirement Plan (NCCH Plan) was merged into the Plan. The rights and benefits that existed as to the account balances of the merger participants of the NCCH Plan will be preserved within the Plan on and after the merger date.

The Company was unaware of any additional subsequent events as of July 25, 2023, the date the financial statements were available to be issued.

See independent auditor's report.

SUPPLEMENTAL SCHEDULE

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Cash:		
	Charles Schwab Bank	Cash	\$ 716,173
	Investments:		
*	Fidelity 500 Index Fund	Mutual Fund	41,392,840
*	Retirement 2030 Fund	Common Trust Fund	23,854,134
*	Retirement 2040 Fund	Common Trust Fund	21,706,735
*	Retirement 2025 Fund	Common Trust Fund	20,021,256
*	Retirement 2045 Fund	Common Trust Fund	18,924,039
*	Retirement 2035 Fund	Common Trust Fund	17,974,771
*	Retirement 2020 Fund	Common Trust Fund	17,786,010
*	Retirement 2050 Fund	Common Trust Fund	17,190,251
*	New Horizons Fund	Mutual Fund	16,756,398
*	T. Rowe Price Stable Value Fund N	Common Trust Fund	15,209,339
*	Retirement 2055 Fund	Common Trust Fund	14,053,795
	Fidelity US Bond Index Fund	Mutual Fund	8,707,074
	American EuroPacific Growth Fund	Mutual Fund	7,067,910
*	Retirement 2060 Fund	Common Trust Fund	6,336,995
*	Retirement 2015 Fund	Common Trust Fund	4,409,079
*	Retirement 2010 Fund	Common Trust Fund	4,358,809
*	U.S. Treasury Money Fund	Mutual Fund	4,090,132
	Goldman Sachs Small Cap Value Inst Fund	Mutual Fund	2,753,599
	MFS Mid Cap Value Fund	Common Trust Fund	2,463,702
*	Retirement 2065 Fund	Common Trust Fund	2,159,697
*	International Discovery Fund	Mutual Fund	1,484,390
	Pimco Global Bond USD Hedged I	Mutual Fund	710,579
*	Retirement 2005 Fund	Common Trust Fund	603,084
	Fidelity Adv Total Bond Z	Mutual Fund	458,094
	Principal Small Cap Growth I R6	Mutual Fund	129,452
	Schwab Us Large Cap Etf	Common Stock	80,925
	Vanguard Information Technology Etf	Common Stock	54,106
	Vanguard Target Retirement 2040 Fd I	Mutual Funds	51,378
	Invesco Qqq Trust	Common Stock	47,868
	Tesla Motors Inc	Common Stock	42,501
	Apple Inc	Common Stock	42,352
	Spdr S&P 500 Etf	Common Stock	39,444
	Alibaba Group Holding	Common Stock	38,936
	Microsoft Corp	Common Stock	34,033
	Proshares Ultra S&P 500 Etf	Common Stock	17,424

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Advanced Micro Devices		Common Stock		15,255
*		T Rowe Price Health Sciences Fd		Mutual Funds		14,371
		Johnson & Johnson		Common Stock		13,193
		Grayscale Bitcoin Tr		Common Stock		12,103
		Pfg Janus Henderson Balanced Strat R		Mutual Funds		11,865
		Ibm Corp		Common Stock		10,889
		American Balanced Fund CI F		Mutual Funds		10,040
		Alphabet Inc.		Common Stock		9,832
		Occidental Petrol Co		Common Stock		9,467
		Stoneco Ltd		Common Stock		9,440
		Northern Lights Fd Tr Pfg Eq Indx R		Mutual Funds		9,288
		Pfg Jp Morgan Tactical Mod Strat R		Mutual Funds		9,252
		Meta Platforms Inc		Common Stock		9,129
		Spdr Large Cap Etf		Common Stock		8,996
		Pfg Fdlt Ins Am&Eq Sctr Str R		Mutual Funds		8,748
		Pfg Jp Morgan Tactical Aggr Strat R		Mutual Funds		8,729
		Exxon Mobil Corp		Common Stock		8,725
		General Mls Inc		Common Stock		8,637
		Texas Instruments Inc		Common Stock		8,611
		Visa Inc CI A		Common Stock		8,584
		Abbvie Inc		Common Stock		8,037
		American Fd Newperspective CI F1		Mutual Funds		7,790
		Caterpillar Inc		Common Stock		7,242
		Pfg Bny Mellon Diversifier Strat R		Mutual Funds		6,716
		Verizon Communicatn		Common Stock		6,509
		Gamestop Corp New		Common Stock		5,760
		Schlumberger Ltd		Common Stock		5,564
		Pfizer Incorporated		Common Stock		5,426
		Pfg Br Equity Esg Strategy R Shares		Mutual Funds		5,324
		Qualcomm Inc		Common Stock		4,807
		Honeywell International		Common Stock		4,686
		Fidelity Nasdaq Composite Indx Etf		Common Stock		4,527
		Vanguard Growth Etf		Common Stock		4,495
		Smith A O		Common Stock		4,308
		Pfg Active Core Bond Strat R		Mutual Funds		4,154
		Pfg Tactical Income Strategy R		Mutual Funds		4,095
		Ishares Global Energy Etf		Common Stock		4,012
		Mondelez Intl Inc		Common Stock		3,685

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Pfg Meeder Tactical Strat R		Mutual Funds		3,599
		Cisco Systems Inc		Common Stock		3,553
		Oracle Corporation		Common Stock		3,510
		Constellation Brand CI A		Common Stock		3,205
		Raytheon Technologies Co		Common Stock		3,134
		3M Company		Common Stock		2,728
		Pnc Financial Services Gp Inc		Common Stock		2,639
		General Motors Co		Common Stock		2,253
		Schwab S&P 500 Index Fund - Select S		Mutual Funds		2,232
		Science Applications		Common Stock		2,219
		Southwest Aircls Co		Common Stock		2,035
		Spdr Dow Jones Industrial Avrg Etf		Common Stock		2,012
		Pulte Homes Inc		Common Stock		1,980
		Microstrategy Inc A New		Common Stock		1,840
		Pfg Invesco Thematic Strategy R		Mutual Funds		1,624
		Starbucks Corp		Common Stock		1,465
		Home Depot Inc		Common Stock		1,164
		J P Morgan Chase & Co		Common Stock		740
		Virgin Galactic Hldg		Common Stock		696
		Invesco Nasdaq 100 Etf		Common Stock		661
		Bank Of America Corp		Common Stock		630
		Schwab Us Dividend Equity Etf		Common Stock		604
		T2 Biosystems Inc		Common Stock		568
		Invesco S&P 500 Top 50 Etf		Common Stock		557
		Abbott Laboratories		Common Stock		489
		Accenture Plc CI A		Common Stock		480
		Nextera Energy Inc		Common Stock		423
		Nike Inc		Common Stock		400
		Target Corporation		Common Stock		373
		Lowes Companies		Common Stock		365
		Pgim High Yield Fund Z		Mutual Funds		339
		Colgate-Palmolive Co		Common Stock		327
		Southern Co		Common Stock		305
		Altria Group Inc		Common Stock		295
		Coca Cola Company		Common Stock		282
		Intel Corp		Common Stock		281
		Realty Income Corporation		Common Stock		267
		Citigroup Inc		Common Stock		253

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Healthpeak Pptys Inc		Common Stock		253
		Wells Fargo & Co		Common Stock		247
		Church & Dwight Co Inc		Common Stock		241
		Procter & Gamble		Common Stock		240
		Walt Disney Co		Common Stock		238
		A T & T Inc		Common Stock		230
		Kroger Co		Common Stock		227
		Fedex Corporation		Common Stock		225
		Prologis Inc.Reit		Mutual Funds		224
		Dow Holdings Inc		Common Stock		223
		Pub Svc Ent Group Inc		Common Stock		216
		Simon Ppty Group Inc New		Common Stock		212
		Hormel Foods Corp		Common Stock		210
		Kraft Heinz Company		Common Stock		210
		Bank Of New York Co New		Common Stock		206
		Duke Energy Corp		Common Stock		197
		Dover Corp		Common Stock		193
		Crown Castle Intl Co Reit		Common Stock		192
		Firstenergy Corp		Common Stock		186
		Lauder Estee Cos Inc		Common Stock		184
		Newell Rubbermaid Inc		Common Stock		184
		Udr Inc		Common Stock		183
		C M S Energy Corp		Common Stock		182
		Newmont Mining Corp		Common Stock		179
		Costco Whsl Corp New		Common Stock		176
		Dte Energy Co		Common Stock		170
		Exelon Corporation		Common Stock		166
		Us Bancorp Del New		Common Stock		166
		Comcast Corp New Cl A		Common Stock		161
		Masco Corp		Common Stock		159
		Nvidia Corp		Common Stock		158
		D R Horton Inc		Common Stock		156
		Nisource Inc		Common Stock		153
		Toll Brothers Inc		Common Stock		152
		Philip Morris Intl Inc		Common Stock		150
		Tyson Foods Inc Class A		Common Stock		150
		Petroleo Brasileiro Adrf		Common Stock		149
		Union Pacific Corp		Common Stock		148

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Eversource Energy		Common Stock		146
		Ameren Corp		Common Stock		135
		Vici Properties Inc		Common Stock		135
		Alexandria Real Estate Eqty		Common Stock		134
		Mid-American Apartment Cmnty Inc		Mutual Funds		133
		Weyerhaeuser Co		Common Stock		130
		Alliant Energy Corp		Common Stock		129
		Lumen Technologies I		Common Stock		129
		Vornado Rlty Tr		Common Stock		128
		Ferguson Plc New		Common Stock		127
		Dominion Res Inc Va		Common Stock		125
		Entergy Corp		Common Stock		120
		Freeport McMoran Inc		Common Stock		120
		Federal Realty Invst		Common Stock		119
		Kimberly-Clark Corp		Common Stock		118
		Truist Finl Corp		Common Stock		116
		Edison International		Common Stock		115
		American Elec Pwr Inc		Common Stock		113
		American Tower Corp Reit		Common Stock		113
		Avalonbay Cmnty Inc		Common Stock		111
		Csx Corp		Common Stock		110
		Kimco Realty Corp Reit		Mutual Funds		110
		Cincinnati Financial Cp		Common Stock		109
		Kinder Morgan Holdco Llc		Common Stock		109
		Morgan Stanley		Common Stock		106
		Teleflex Incorporate		Common Stock		105
		Goldman Sachs Group Inc		Common Stock		102
		Mccormick & Co Inc		Common Stock		102
		W E C Energy Group I		Common Stock		102
		Boston Properties Inc		Common Stock		101
		American Express Co		Common Stock		98
		Clorox Co		Common Stock		98
		Essex Property Trust		Mutual Funds		98
		Corning Inc		Common Stock		97
		Old Dominion Freight Lns		Common Stock		97
		Oneok Inc New		Common Stock		97
		Ventas Inc		Common Stock		96
		Regency Centers Corp		Common Stock		96

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Consolidated Edison Inc		Common Stock		92
		Eastman Chemical Co		Common Stock		92
		Stryker Corp		Common Stock		91
		Camden Property Trust		Common Stock		91
		Lyondellbasell Inds		Common Stock		90
		Walgreens Boots Alli		Common Stock		88
		Dentsply Sirona Inc		Common Stock		87
		United Parcel Service B		Common Stock		87
		International Paper Co		Common Stock		86
		Public Storageinc		Common Stock		86
		Vale S A		Common Stock		85
		Ppl Corporation		Common Stock		84
		Sealed Air Corp New		Common Stock		84
		Republic Services		Common Stock		83
		Loews Corporation		Common Stock		82
		Mc Donalds Corp		Common Stock		82
		Becton Dickinson & Co		Common Stock		81
		Host Marriott Corp Reit		Common Stock		81
		Medtronic Plc		Common Stock		81
		Xcel Energy Inc		Common Stock		81
		Equity Residl Ppty Trust		Common Stock		79
		Gilead Sciences Inc		Common Stock		79
		Waste Management Inc Del		Common Stock		79
		Wal-Mart Stores Inc		Common Stock		78
*		Rowe T Price Group Inc		Common Stock		77
		Pinnacle West Cap Corp		Common Stock		76
		Sempra Energy		Common Stock		76
		Best Buy Inc		Common Stock		75
		Davita Inc		Common Stock		75
		Evergy Inc		Common Stock		74
		Micron Technology Inc		Common Stock		72
		Welltower Inc Reit		Mutual Funds		72
		Adobe Systems Inc		Common Stock		71
		Fmc Corporation		Common Stock		71
		Marriott Intl Inc Cl A		Common Stock		71
		Rio Tinto Plc Sponsored Adr		Common Stock		71
		Select Sector Uti Select Spdr Etf		Common Stock		71
		Celanese Corp		Common Stock		70

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Centerpoint Energy Inc		Common Stock		68
		Ecolab Inc		Common Stock		68
		Mohawk Inds Inc		Common Stock		67
		C H Robinson Worldwide New		Common Stock		66
		Atmos Energy Corp		Common Stock		65
		Mosaic Co		Common Stock		65
		Capital One Financial Cp		Common Stock		64
		Westrock Company		Common Stock		64
		Baker Hughes A G E C		Common Stock		63
		Dupont De Nemours In		Common Stock		63
		Bhp Billiton Ltd F		Common Stock		62
		Packaging Corp Of Amer		Common Stock		62
		Total Fina S A Adr F		Common Stock		62
		Calamos Global Equity R6		Common Stock		61
		Broadcom Limited		Common Stock		60
		Norfolk Southn Corp		Common Stock		60
		Conagra Brands Inc		Common Stock		58
		Franklin Resources		Common Stock		57
		Shell Plc		Common Stock		57
		American Water Works Co		Common Stock		56
		Digital Realty Trust		Common Stock		55
		Edwards Lifesciences Cp		Common Stock		55
		Kellogg Company		Common Stock		55
		Western Union Co		Common Stock		55
		Citizens Financial G		Common Stock		54
		Advance Auto Parts Inc		Common Stock		53
		Ball Corporation		Common Stock		53
		Assurant Inc		Common Stock		52
		Comerica Incorporate		Common Stock		52
		Cvs Health Corporation		Common Stock		52
		M & T Bank Corporation		Common Stock		52
		Synchrony Financial		Common Stock		52
		Amgen Incorporated		Common Stock		51
		Boeing Co		Common Stock		51
		Fifth Third Bancorp		Common Stock		51
		Stanley Black & Decker		Common Stock		51
		Ford Motor Company New		Common Stock		50
		Amazon Com Inc		Common Stock		49

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Perkinelmer Inc		Common Stock		49
		Skyworks Solutions Inc		Common Stock		49
		Cme Group Inc Cl A		Common Stock		48
		Sanofi Adr		Common Stock		48
		Western Digital Corp		Common Stock		48
		First Industrial Rlty Tr		Common Stock		48
		Cognizant Tech Sol Cl A		Common Stock		47
		Hca Holdings Inc		Common Stock		47
		Mastercard Inc		Common Stock		47
		State Street Corp		Common Stock		47
		Sysco Corp		Common Stock		47
		International Flavors & Fragrances		Common Stock		46
		Expeditors Intl Wash Inc		Common Stock		45
		Air Prods & Chems Inc		Common Stock		44
		Brown Forman Corp Cl B		Common Stock		44
		Discover Financial Svcs		Common Stock		44
		Fox Corp		Common Stock		44
		S B A Communications		Common Stock		44
		Seagate Technology H		Common Stock		44
		Applied Materials		Common Stock		41
		Dominos Pizza Inc		Common Stock		41
		Emerson Electric Co		Common Stock		41
		Invesco Ltd F		Common Stock		41
		Bristol-Myers Squibb		Common Stock		40
		Keycorp Inc New		Common Stock		40
		Unitedhealth Group Inc		Common Stock		40
		Edgewell Personal Ca		Common Stock		39
		Kb Financial Group Adr		Common Stock		39
		Lincoln Natl Corp Ind		Common Stock		39
		Omnicom Group		Common Stock		39
		Ppg Inds Inc		Common Stock		39
		Zoetis Inc		Common Stock		39
		Zions Bancorporation		Common Stock		38
		Charter Communicatn		Common Stock		37
		Charles Schwab Corporation		Common Stock		36
		Laboratory Cp Of Amer Hldg New		Common Stock		36
		Equinix Inc New		Mutual Funds		36
		Aon Plc		Common Stock		35

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Brown & Brown Inc		Common Stock		35
		Glaxosmithkline Plc		Common Stock		35
		Organon & Co		Common Stock		35
		Pentair Plc		Common Stock		35
		Centene Corp		Common Stock		34
		Nrg Energy Inc New		Common Stock		34
		Cf Industries Holdings		Common Stock		33
		Te Connectivity Ltd		Common Stock		33
		V F Corporation		Common Stock		33
		Equifax		Common Stock		32
		Stag Industrial Inc		Common Stock		32
		Extra Space Storage Inc		Common Stock		31
		S & P Global Inc		Common Stock		30
		Eni S P A Spon Adr		Common Stock		29
		Hasbro		Common Stock		29
		Lennar Corp Class A		Common Stock		29
		Cbre Group Inc Class A		Common Stock		26
		Expedia Inc New		Common Stock		26
		Iron Mountain Inc New		Common Stock		26
		Paramount Global		Common Stock		26
		Sherwin Williams Co		Common Stock		26
		Danaher Corporation Delaware		Common Stock		25
		Lam Resh Corp		Common Stock		25
		Valero Energy Corp New		Common Stock		25
		Booking Holdings Inc		Common Stock		24
		Hp Inc		Common Stock		24
		Phillips 66		Common Stock		24
		Baxter International		Common Stock		23
		Borg Warner Inc		Common Stock		23
		Broadridge Finl Solution		Common Stock		23
		Deere & Co		Common Stock		23
		Hilton Worldwide Hld		Common Stock		23
		Linde Plc		Common Stock		23
		Alphabet Inc.		Common Stock		22
		Boston Scientific Corp		Common Stock		22
		Yum Brands Inc		Common Stock		22
		Antero Midstream G P		Common Stock		22
		Hunt J B Trans Svcs Inc		Common Stock		21

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Berkshire Hathaway B New		Common Stock		20
		Charles River Labs Hldg		Common Stock		20
		Keurig Dr Pepper Inc		Common Stock		20
		Martin Marietta Matls Inc		Common Stock		20
		News Corp New		Common Stock		20
		News Corp New		Common Stock		20
		Northern Tr Corp		Common Stock		20
		Paypal Hldgs Inc		Common Stock		20
		Progressive Co Ohio		Common Stock		20
		West Pharm Srvc Inc		Common Stock		19
		M G M Grand		Common Stock		18
		Zimmer Holdings Inc		Common Stock		18
		Analog Devices Inc		Common Stock		17
		Cabot Oil & Gas Cl A		Common Stock		17
		Gerdau Sa Spons Adr F		Common Stock		17
		Korea Electric Power Corp Adr		Common Stock		17
		Allstate Corp		Common Stock		16
		Banco Santander Bra		Common Stock		16
		Blackrock Inc		Common Stock		16
		Cardinal Health Inc		Common Stock		16
		Darden Restaurants Inc		Common Stock		16
		Fresenius Med Care Adr		Common Stock		16
		Microchip Technology		Common Stock		16
		Netflx Inc		Common Stock		16
		Pepsico Inc		Common Stock		16
		Pioneer Natural Res Co		Common Stock		16
		Steris Plc		Common Stock		16
		The Hershey Company		Common Stock		16
		Eog Resources Inc		Common Stock		15
		Marathon Pete Corp		Common Stock		15
		Xerox Holdings Corp		Common Stock		15
		Crescent Pt Energy Corp		Common Stock		14
		Fastenal Company		Common Stock		14
		Teradyne Incorporated		Common Stock		14
		Merck & Co Inc		Common Stock		13
		Ross Stores Inc		Common Stock		13
		American Intl Group		Common Stock		12
		Everest Re Group Ltd		Common Stock		12

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Tapestry Inc		Common Stock		12
		Avery Dennison Corp		Common Stock		11
		Bath & Body Wks Inc		Common Stock		11
		Cintas Corp		Common Stock		11
		Eaton Corp Plc		Common Stock		11
		Etsy Inc		Common Stock		11
		Interpublic Group Cos Inc		Common Stock		11
		J M Smucker Co		Common Stock		11
		Medical Properties Trust		Common Stock		11
		Moodys Corp		Common Stock		11
		Pitney Bowes Inc		Common Stock		11
		Signature Bank		Common Stock		11
		Apollo Coml Real Est Reit		Mutual Funds		11
		Aes Corp		Common Stock		10
		Akamai Technologies		Common Stock		10
		Carmax Inc		Common Stock		10
		Conocophillips		Common Stock		10
		Cooper Companies		Common Stock		10
		Ecopetrol S A		Common Stock		10
		First Republic Bank		Common Stock		10
		Humana Inc		Common Stock		10
		Jacobs Solutions Inc		Common Stock		10
		Molina Healthcare		Common Stock		10
		Nucor Corp		Common Stock		10
		P G & E Corp		Common Stock		10
		Regions Financial Cp New		Common Stock		10
		Targa Resources Corp		Common Stock		10
		Verisk Analytics Inc		Common Stock		10
		Zebra Tech Corpcl A		Common Stock		10
		Devon Energy Cp New		Common Stock		9
		Fox Corp		Common Stock		9
		Golden Ocean Group		Common Stock		9
		Henry Jack & Associates		Common Stock		9
		Qorvo Inc		Common Stock		9
		Lloyds Banking Group		Common Stock		7
		Universal Health Svcs Cl B		Common Stock		7
		Aflac Inc		Common Stock		6
		Bio-Techne Corp		Common Stock		6

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Hewlett Packard Enterprise C		Common Stock		6
		Johnson Ctls Intl F		Common Stock		6
		Nordic American Tanker Shipp		Common Stock		6
		Principal Financial		Common Stock		6
		Quest Diagnostics Inc		Common Stock		6
		Schein Henry Inc		Common Stock		6
		Armour Residential Reit		Mutual Funds		6
		Amcor Plc		Common Stock		5
		Amphenol Corp Cl A		Common Stock		5
		Apa Corp		Common Stock		5
		Bio Rad Labs Inc Cl A		Common Stock		5
		Clear Channel Outdoo		Common Stock		5
		Factset Research Systems		Common Stock		5
		Fortive Corporation		Common Stock		5
		Fortune Brands Home & Sec In		Common Stock		5
		Huntington Bancshs		Common Stock		5
		Illumina Inc		Common Stock		5
		Ingersoll Rand Inc		Common Stock		5
		Intuit		Common Stock		5
		Juniper Networks Inc		Common Stock		5
		Lamb Weston Holdings		Common Stock		5
		Marathon Oil Corp		Common Stock		5
		Marsh & McLennan Cos Inc		Common Stock		5
		Mckesson Corporation		Common Stock		5
		Molson Coors Brewing Cl B		Common Stock		5
		Msci Inc Class A		Common Stock		5
		Northrop Grumman Corp		Common Stock		5
		Pangaea Logistics Ord		Common Stock		5
		Prudential Financial Inc		Common Stock		5
		Regeneron Pharmaceuticals Inc		Common Stock		5
		Rockwell Automation Inc.		Common Stock		5
		Svb Financial Group Inc		Common Stock		5
		Take-Two Interactv Sftwr		Common Stock		5
		Thermo Fisher Scientific Corp Com		Common Stock		5
		Travelers Companies Inc		Common Stock		5
		Tyler Technologies Inc		Common Stock		5
		Vulcan Matls Co		Common Stock		5
		Whirlpool Corp		Common Stock		5

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2022

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Williams Co. Inc.		Common Stock		5
		Albemarle Corp		Common Stock		4
		Autodesk		Common Stock		4
		Carnival Corp New		Common Stock		4
		Catalent Inc		Common Stock		4
		Global Payments Inc		Common Stock		4
						272,140,877
*		Notes receivable from participants		4.25% to 8.5%		3,113,947
						\$ 275,254,824

(a) represents party-in-interest

Column (d) cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to their account.

Supplementary Information
See independent auditor's report.

Plan Name	TMC HEALTHCARE 401(K) PLAN
Plan Sponsor EIN	20-2218975
ERISA Plan #	003
Plan Year Ending	December 31, 2022

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	TMC HEALTHCARE 401(K) PLAN
Plan Sponsor EIN	20-2218975
ERISA Plan #	003
Plan Year Ending	December 31, 2022

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	