

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 <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>START CORPORATION 403(B) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>04/01/2018</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>START CORPORATION</u> <u>JOSHUA HEBERT</u> <u>420 MAGNOLIA ST</u> <u>HOUMA, LA 70360-6304</u>	2b Employer Identification Number (EIN) <u>58-1687098</u>	
	2c Plan Sponsor's telephone number <u>985-872-3966</u>	
	2d Business code (see instructions) <u>813000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2023	JOSHUA HEBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	251
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	161
a(2) Total number of active participants at the end of the plan year		6a(2)	227
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	63
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	290
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	290
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	271
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	2
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: 2F 2G 2K 2L 2T			
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) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan START CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 START CORPORATION	D Employer Identification Number (EIN) 58-1687098

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

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	664281	290	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 9446	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL FINANCIAL CORPORATION 4707 EXECUTIVE DR SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9446			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	30781
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2675432

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

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

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

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

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

b	Balance at the end of the previous year	7b	14301
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c	Additions: (1) Contributions deposited during the year	7c(1)	6180	
	(2) Dividends and credits	7c(2)	232	
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)	10154	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	16566
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	30867
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	44	
	7e(2)	42	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	86
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	30781
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan START CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 START CORPORATION	D Employer Identification Number (EIN) 58-1687098

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
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

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

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--

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

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

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

LPL FINANCIAL CORPORATION

4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	9446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	4752	Yes ☐ No ☒	Yes ☐ No ☐	22	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan START CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 START CORPORATION	D Employer Identification Number (EIN) 58-1687098	

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: VARIABLE ANNUITY ACCOUNT D		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2675432
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>START CORPORATION 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>START CORPORATION</u>	D Employer Identification Number (EIN) <u>58-1687098</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)		57
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	21845	30781
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2739343	2675432
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14301	31163
(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	2775489	2737433

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	2775489	2737433
---	-----------	---------	---------

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)	227442	
(B) Participants	2a(1)(B)	423977	
(C) Others (including rollovers)	2a(1)(C)	75224	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		726643
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)	749	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	232	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		981
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-525504
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		202120
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	225181	
(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)		225181
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		10243
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4752	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4752
j Total expenses. Add all expense amounts in column (b) and enter total	2j		240176
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-38056
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MARTIN AND PELLEGRIN CPAS**

(2) EIN: **72-1111438**

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		X	

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 START CORPORATION 403(B) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 START CORPORATION		D Employer Identification Number (EIN) 58-1687098
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): 71-0294708		
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 _____

START CORPORATION
403(B) PLAN

Financial Statements and
Independent Auditor's Report
As of December 31, 2022 and 2021
And for the Year Ended December 31, 2022

With Supplemental Information Schedule

**START CORPORATION
403(B) PLAN**

Financial Statements
As of December 31, 2022 and 2021
And for the Year Ended December 31, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Start Corporation 403(b) Plan

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

We have performed audits of the accompanying financial statements of Start Corporation 403(b) 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 year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Start Corporation 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements 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 Start Corporation 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Start Corporation 403(b) 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 Start Corporation 403(b) 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 Start Corporation 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

Supplemental Schedules Required by ERISA

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

In our opinion—

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



Houma, Louisiana
September 7, 2023

START CORPORATION
403(B) PLAN

Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments:		
At fair value:		
Mutual funds held in pooled separate accounts	\$ 2,675,432	\$ 2,739,343
At contract value:		
Investment contract with insurance company	30,781	14,301
Total investments	<u>2,706,213</u>	<u>2,753,644</u>
Receivables:		
Employer contributions	57	-
Notes receivable from participants	31,163	21,845
	<u>31,220</u>	<u>21,845</u>
TOTAL ASSETS	2,737,433	2,775,489
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,737,433</u></u>	<u><u>\$ 2,775,489</u></u>

See accompanying notes.

**START CORPORATION
403(B) PLAN**

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest Income 232

Interest income on notes receivable from participants 749

Contributions:

Employer 227,442

Participants 423,977

Rollovers 75,224

726,643

TOTAL ADDITIONS 727,624

DEDUCTIONS

Deductions from net assets attributed to:

Net depreciation in fair value of investments 525,504

Benefits paid to participants 225,181

Certain deemed distributions of participant loans 10,243

Administrative expenses 4,752

TOTAL DEDUCTIONS 765,680

NET DECREASE (38,056)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 2,775,489

End of year \$ 2,737,433

See accompanying notes.

**START CORPORATION
403(B) PLAN**

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Start Corporation 403(b) 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 defined contribution plan covering all full-time employees of Start Corporation ("Organization") who are expected to work more than twenty (20) hours of service per week and are not considered excluded employees. Employees are eligible to participate as of their date of hire unless they elect not to participate. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Administrator determines the appropriateness of the Plan's investments offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute any amount of pretax annual compensation not to exceed the limits of Code Sections 401(K), 402(8), 404 and 415. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds held in pooled separate accounts and an insurance investment contract as investment options for participants. The Organization makes a matching contribution equal to 100% of elective deferrals not to exceed 3% of eligible compensation once the employee has completed one year of service. Contributions are subject to certain statutory limitations.

Participant Accounts

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

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN (Cont.)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Organization's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested in matching contributions after one year of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate established by the plan administrator at the time of the loan. Principal and interest is paid ratably through biweekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant with a balance exceeding \$5,000 may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments (annually, quarterly, or monthly) over a specified period of time, not exceeding the participant's life expectancy or the joint life expectancy of the participant and the participant's designated beneficiary. Participants with a vested interest in his or her account, which does not exceed \$5,000, will receive a lump-sum payment. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$33 and \$39, respectively. Forfeiture accounts may be used to the extent available to reduce future employer matching contributions.

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 9 for discussion of fair value measurements.

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through September 7, 2023, which is the date the financial statements were available to be issued.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 4 – TAX STATUS

403(b) plans currently are not required to submit plans to the Internal Revenue Service (IRS) for determination. However, the plan administrator believes that the Plan was designated and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS.

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Voya Retirement Insurance and Annuity Company.

	2022	2021
Investments, at fair value:		
American Funds EuroPacific Grw R4	\$ 1,506	\$ 1,565
VY Oppenhr Global Port I	1,720	1,674
VY JPM Emrg Mkts Eq Port Srv	408	97
Wanger International	766	450
Voya International Index Port I	1,596	223
Voya Multi-Manager Intl Sm Cap Fd I	584	318
American Funds Cap Inc Builder R4	33	8
FdtdHrms Intl Leaders Fnd Ins	209	102
American Funds New World R4	1,012	368
Inv Opp Intl Growth Fnd Y	368	210
Voya Global Perspectives Port I	31	8
Lazard International Equity Port Opp	1,186	546
Franklin Small Cap Value VIP F2	1,832	1,554
Voya SmallCap Opportunities Ptr I	205	110
Voya MidCap Opportunities Port I	394	218
Voya Small Company Portfolio I	2,372	1,915
Ariel Fund Inv	910	445
VY Am Cen Sm-Md Cp Val Port I	17	4
VY Baron Growth Port Srv	16	4
Victory Integrity Sm-Cp Value Fnd Y	230	112
VY JPMorgan Sm Cp Core Eq Prt Srv	212	109
Wanger Select	15	4
Wanger Acorn	15	4
Inv V.I. Mn Strt Sm Cap F S I	16	4
Columbia Sel Mid Cap Value Fund A	17	4
VY CBRE RI Estate Prt Srv	30	8
Inv Main Street MC Fd A	16	4
Voya Russell Mid Cap Index Port I	16	4
Voya Russell Sm Cp Index Port I	15	4
PIMCO Commodity RI Rtn Strat Fnd Adm	16	4
Dlwr Small Cap Value Fund A	16	4
Third Avenue Real Est Val Fnd Inst	15	4
BlackRock Hlth Sci Opport Port Ins	2,361	6,055
Invesco Energy Fund R5	20	4

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Cont.)

	2022	2021
Franklin Natural Resources Fund Adv	\$ 19	\$ 4
Voya Glo High Div Low Vol Prtf I	126	-
MFS New Discovery Fund R3	652	163
Invesco American Value Fund R5	17	4
Goldmn Schs Md Cp Grw Fd Inv	15	4
PGIM Jennison Utility Fund Z	17	4
Davis Financial Fund Y	16	4
AMG River Rd Md Cp Val Fd N	17	4
BlkRck Md-Cp Value Fnd Ins	17	4
Cohen & Steers Real Estate Secs Fd A	15	4
Amer Bcn Small Cap Value Fund Inv	33	8
USAA Pres Metals & Minerals Fd A	736	712
VY TRowePrice Grwth Eqty Port I	1,845	4,047
Fidelity VIP Contrafund Port I	5,298	6,227
American Funds Growth Fnd R4	10,022	9,122
Voya Large Cap Growth Port Srv	549	238
ClrBrq Aggr Grwth Fnd I	821	430
Alger Responsible Investing Fund A	356	179
Fidelity Adv New Insights Fund I	30	8
Amana Growth Fund Inv	32	8
Voya Growth and Income Port I	13,457	10,591
VY TRowePrice Eqty Income Pt Srv	2,423	1,780
VY Invesco Grw & Inc Prt Srv	5,070	4,508
Voya U.S. Stock Index Port Inst	9,816	10,302
American Funds Fundamental Inv R4	1,621	590
Voya Large Cap Value Port Srv	221	110
Amana Income Fund Inv	445	236
JPMorgan Equity Income Fund I	13,141	8,498
Ave Maria Rising Dividend Fund	11,555	8,224
American Funds Amer Mutual R4	542	130
Calvert VP SRI Balanced Portfolio	1,668	1,388
VY Invesco Eqty & Inc Port I	1,397	1,272
VY TRowePrice Captl Apprec Pt Srv	49,409	71,763
Voya Index Solution 2025 Portfolio I	387,389	383,004
Voya Index Solution 2035 Portfolio I	962,677	1,098,915
Voya Index Solution 2045 Portfolio I	632,282	697,312
Voya Index Solution Inc Port I	70,029	66,509
Voya Index Solution 2055 Portfolio I	393,999	323,216
Voya Index Solution 2065 Portfolio I	10,042	1,823
Voya Indx Solutions 2030 PI	3,044	-

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Cont.)

	2022	2021
Voya Indx Solution 2040 PI	\$ 1,871	\$ -
Voya Indx Solution 2050 PI	11,294	-
Voya Indx Solution 2060 PI	6,000	-
Voya Intermediate Bond Port I	3,033	2,031
Voya GNMA Income Fund A	1,728	1,245
PIMCO VIT Real Return Portfolio Adm	665	279
Amer Cent Infl-Adjust Bond Fnd	537	280
TCW Total Return Bond Fund N	640	270
Delaware Ivy Sci & Tech Fnd Y	15	4
Voya High Yield Port Ins	1,453	8
Voya U.S. Bond Index Portfolio I	1,841	970
Invesco High Yield Fund R5	4,038	3,549
Invesco Floating Rate ESG F R5	33	8
Templeton Global Bond Fund A	888	787
Lord Abbett Short Duration Inc Fd R4	160	7
Metropolitan West Total Rtrn Bd Fd M	157	7
Voya Govt Money Market Portfolio I	32,044	2,406
Investments, at contract value:		
Investment contract with insurance company	30,781	14,301
	<u>\$ 2,706,213</u>	<u>\$ 2,753,644</u>
Receivables:		
Notes receivable from participants	<u>\$ 31,163</u>	
Investment income (loss):		
Net depreciation in the fair value of investments	\$ (525,504)	
Interest Income	232	
	<u>\$ (525,272)</u>	

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 6 – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Voya Retirement Insurance and Annuity Company (VOYA). VOYA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by VOYA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2022 and 2021 was \$30,781 and \$14,301, respectively. The crediting interest rate is based on a formula agreed upon with the issuer and is communicated in advance. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

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

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>December 31,</u> <u>2022</u>	<u>December 31,</u> <u>2021</u>
Net assets available for benefits per the financial statements	<u>\$ 2,737,433</u>	<u>\$ 2,775,489</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 2,737,433</u>	<u>\$ 2,775,489</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2022 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	<u>\$ 225,181</u>
Benefits paid to participants per Schedule H of Form 5500	<u>\$ 225,181</u>

NOTE 8 – RISKS AND UNCERTAINTIES

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

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 9 – FAIR VALUE MEASUREMENTS

The fair value measurement account literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at December 31, 2022 and 2021.

Level 2 Fair Value Measurements

The fair value of mutual funds held in pooled separate accounts for which a quoted market price is not available, are valued using net asset value per share as a practical expedient. The estimated fair value of separate account assets are based on the fair value of the underlying assets owned by the separate account and generally based on observable valuation inputs.

**START CORPORATION
403(B) PLAN**

Notes to Financial Statements

NOTE 9 – FAIR VALUE MEASUREMENTS (Cont.)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

Fair Value Measurements at the End of the Reporting Period Using:			
	Fair Value	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2022</u>			
Mutual funds held in pooled separate accounts	\$ 2,675,432	\$ 2,675,432	\$ -
Total	<u>\$ 2,675,432</u>	<u>\$ 2,675,432</u>	<u>\$ -</u>
<u>December 31, 2021</u>			
Mutual funds held in pooled separate accounts	\$ 2,739,343	\$ 2,739,343	\$ -
Total	<u>\$ 2,739,343</u>	<u>\$ 2,739,343</u>	<u>\$ -</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2022 and 2021, are reported in net appreciation or depreciation in fair value of investments.

START CORPORATION
403(B) PLAN

Notes to Financial Statements

NOTE 9 – FAIR VALUE MEASUREMENTS (Cont.)

The following table summarizes investments measured at fair value based on net asset value as a practical expedient per share as of December 31, 2022 and 2021:

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2022</u>				
Mutual funds held in pooled separate accounts	\$ 2,675,432	N/A	Daily	None
<u>December 31, 2021</u>				
Mutual funds held in pooled separate accounts	\$ 2,739,343	N/A	Daily	None

NOTE 10 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments are held in contracts which are administered by the VOYA Retirement Insurance and Annuity Company. The VOYA Retirement Insurance and Annuity Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

START CORPORATION
403(B) PLAN

Employer Identification Number 58-1687098

Plan Number 001

Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2022

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Voya Retirement Insurance	American Funds EuroPacific Gnw R4		\$ 1,506
*	Voya Retirement Insurance	VY Oppenhm Global Port I		1,720
*	Voya Retirement Insurance	VY JPM Emrg Mkts Eq Port Srv		408
*	Voya Retirement Insurance	Wanger International		766
*	Voya Retirement Insurance	Voya International Index Port I		1,596
*	Voya Retirement Insurance	Voya Multi-Manager Intl Sm Cap Fd I		584
*	Voya Retirement Insurance	American Funds Cap Inc Builder R		33
*	Voya Retirement Insurance	FdtdHrms Intl Leaders Fnd Ins		209
*	Voya Retirement Insurance	American Funds New World R4		1,012
*	Voya Retirement Insurance	Inv opp Intl Growth Fnd Y		368
*	Voya Retirement Insurance	Voya Global Perspectives Port I		31
*	Voya Retirement Insurance	Lazard International Equity Port Opp		1,186
*	Voya Retirement Insurance	Franklin Small Cap Value VIP Fd 2		1,832
*	Voya Retirement Insurance	Voya SmallCap Opportunities Prt I		205
*	Voya Retirement Insurance	Voya MidCap Opportunities Port I		394
*	Voya Retirement Insurance	Voya Small Company Portfolio I		2,372
*	Voya Retirement Insurance	Ariel Fund Inv		910
*	Voya Retirement Insurance	VY AmCen Sm-Md Cp Val Port I		17
*	Voya Retirement Insurance	VY Baron Growth Port Srv		16
*	Voya Retirement Insurance	Victory Integrity Sm-Cp Value Fnd Y		230
*	Voya Retirement Insurance	VY JPMorgan Sm Cp Core Eq Prt Srv		212
*	Voya Retirement Insurance	Wanger Select		15
*	Voya Retirement Insurance	Wanger Acorn		15

START CORPORATION
403(B) PLAN

Employer Identification Number 58-1687098

Plan Number 001

Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance	Inv V.I Mn Strt Sm Cap F S I		16
*	Voya Retirement Insurance	Columbia Sel Mid Cap Value Fund A		17
*	Voya Retirement Insurance	VY CBRE RI Estate Prt Srv		30
*	Voya Retirement Insurance	Inv Main Street MC Fd A		16
*	Voya Retirement Insurance	Voya Russell Mid Cap Index Port I		16
*	Voya Retirement Insurance	Voya Russell Sm Cp Index Port I		15
*	Voya Retirement Insurance	PIMCO Commodity RI Rtn Strat Fnd Adm		16
*	Voya Retirement Insurance	Dlwr Small Cap Value Fund A		16
*	Voya Retirement Insurance	Third Avenue Real Est Val Fnd Inst		15
*	Voya Retirement Insurance	BlackRock Hlth Sci Opport Port Ins		2,361
*	Voya Retirement Insurance	Invesco Energy Fund R5		20
*	Voya Retirement Insurance	Franklin Natural Resources Fund Adv		19
*	Voya Retirement Insurance	Voya Glo High Div Low Vol Prtf I		126
*	Voya Retirement Insurance	MFS New Discovery Fund R3		652
*	Voya Retirement Insurance	Invesco American Value Fund R3		17
*	Voya Retirement Insurance	Gldmn Schs Md Cp Grw Fd Inv		15
*	Voya Retirement Insurance	PGIM Jennison Utility Fund Z		17
*	Voya Retirement Insurance	Davis Financial Fund Y		16
*	Voya Retirement Insurance	AMG River Rd Md Cp Val Fd N		17
*	Voya Retirement Insurance	BlkRck Md-Cp Value Fnd Ins		17
*	Voya Retirement Insurance	Cohen & Steers Real Estate Secs Fd A		15
*	Voya Retirement Insurance	Amer Bcn Small Cap Value Fund Inv		33
*	Voya Retirement Insurance	USAA Pres Metals & Minerald Fd A		736

**START CORPORATION
403(B) PLAN**

Employer Identification Number 58-1687098

Plan Number 001

**Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2022**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance	VY TRowPrice Grwth Eqty Port I		1,845
*	Voya Retirement Insurance	Fidelity VIP Contrafund Port I		5,298
*	Voya Retirement Insurance	American Funds Growth Fnd R4		10,022
*	Voya Retirement Insurance	Voya Large Cap Growth Port Srv		549
*	Voya Retirement Insurance	ClrBrg Aggr Grwth Fnd I		821
*	Voya Retirement Insurance	Alger Responsible Investing Fund A		356
*	Voya Retirement Insurance	Fidelity Adv New Insights Fund I		30
*	Voya Retirement Insurance	Amana Growth Fund Inv		32
*	Voya Retirement Insurance	Voya Growth and Income Port I		13,457
*	Voya Retirement Insurance	VY TRowPrice Eqty Income Pt Srv		2,423
*	Voya Retirement Insurance	VY Invesco Grw & Inc Pt Srv		5,070
*	Voya Retirement Insurance	Voya U.S. Stock Index Port Inst		9,816
*	Voya Retirement Insurance	American Funds Fundamental Inv R4		1,621
*	Voya Retirement Insurance	Voya Large Cap Value Port Srv		221
*	Voya Retirement Insurance	Amana Income Fund Inv		445
*	Voya Retirement Insurance	JPMorgan Equity Income Fund I		13,141
*	Voya Retirement Insurance	Ave Maria Rising Dividend Fund		11,555
*	Voya Retirement Insurance	American Funds Amer Mutual R4		542
*	Voya Retirement Insurance	Calvert VP SRI Balanced Portfolio		1,668
*	Voya Retirement Insurance	VY Invesco Eqty & Inc Port I		1,397
*	Voya Retirement Insurance	VY TRowPrice Captl Apprec Pt Srv		49,409
*	Voya Retirement Insurance	Voya Index Solution 2025 Portfolio I		387,389
*	Voya Retirement Insurance	Voya Index Solution 2035 Portfolio I		962,677

START CORPORATION
403(B) PLAN

Employer Identification Number 58-1687098

Plan Number 001

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

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance	Voya Index Solution 2045 Portfolio I		632,282
*	Voya Retirement Insurance	Voya Index Solution Inc Port I		70,029
*	Voya Retirement Insurance	Voya Index Solution 2055 Portfolio I		393,999
*	Voya Retirement Insurance	Voya Index Solution 2065 Portfolio I		10,042
*	Voya Retirement Insurance	Voya Indx Solution 2030 PI		3,044
*	Voya Retirement Insurance	Voya Indx Solution 2040 PI		1,871
*	Voya Retirement Insurance	Voya Indx Solution 2050 PI		11,294
*	Voya Retirement Insurance	Voya Indx Solution 2060 PI		6,000
*	Voya Retirement Insurance	Voya Intermediate Bond Port I		3,033
*	Voya Retirement Insurance	Voya GNMA Income Fund A		1,728
*	Voya Retirement Insurance	PIMCO VIT Real Return Portfolio Adm		665
*	Voya Retirement Insurance	Amer Cent Infl-Adjust Bond Fnd		537
*	Voya Retirement Insurance	TCW Total Return Bond Fund N		640
*	Voya Retirement Insurance	Delaware Ivy Sci & Tech Fnd Y		15
*	Voya Retirement Insurance	Voya High Yield Port Ins		1,453
*	Voya Retirement Insurance	Voya U.S. Bond Index Portfolio I		1,841
*	Voya Retirement Insurance	Invesco High Yield Fund R5		4,038
*	Voya Retirement Insurance	Invesco Floating Rate ESG F R5		33
*	Voya Retirement Insurance	Templeton Global Bond Fund A		888
*	Voya Retirement Insurance	Lord Abbet Short Duration Inc Fd R4		160
*	Voya Retirement Insurance	Metropolitan West Total Rtn Bd Fd M		157
*	Voya Retirement Insurance	Voya Govt Money Market Portfolio I		32,044
*	Voya Retirement Insurance	Voya Fixed Plus Account II	\$ 30,781	30,781
*	Participant loan account	Various rates and maturities		31,163
				<u>\$ 2,737,376</u>

* Parties in Interest

START CORPORATION
403(B) PLAN

Employer Identification Number 58-1687098

Plan Number 001

Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2022

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Voya Retirement Insurance	American Funds EuroPacific Gnw R4		\$ 1,506
*	Voya Retirement Insurance	VY Oppenhm Global Port I		1,720
*	Voya Retirement Insurance	VY JPM Emrg Mkts Eq Port Srv		408
*	Voya Retirement Insurance	Wanger International		766
*	Voya Retirement Insurance	Voya International Index Port I		1,596
*	Voya Retirement Insurance	Voya Multi-Manager Intl Sm Cap Fd I		584
*	Voya Retirement Insurance	American Funds Cap Inc Builder R		33
*	Voya Retirement Insurance	FdtdHrms Intl Leaders Fnd Ins		209
*	Voya Retirement Insurance	American Funds New World R4		1,012
*	Voya Retirement Insurance	Inv opp Intl Growth Fnd Y		368
*	Voya Retirement Insurance	Voya Global Perspectives Port I		31
*	Voya Retirement Insurance	Lazard International Equity Port Opp		1,186
*	Voya Retirement Insurance	Franklin Small Cap Value VIP Fd 2		1,832
*	Voya Retirement Insurance	Voya SmallCap Opportunities Prt I		205
*	Voya Retirement Insurance	Voya MidCap Opportunities Port I		394
*	Voya Retirement Insurance	Voya Small Company Portfolio I		2,372
*	Voya Retirement Insurance	Ariel Fund Inv		910
*	Voya Retirement Insurance	VY AmCen Sm-Md Cp Val Port I		17
*	Voya Retirement Insurance	VY Baron Growth Port Srv		16
*	Voya Retirement Insurance	Victory Integrity Sm-Cp Value Fnd Y		230
*	Voya Retirement Insurance	VY JPMorgan Sm Cp Core Eq Prt Srv		212
*	Voya Retirement Insurance	Wanger Select		15
*	Voya Retirement Insurance	Wanger Acorn		15

START CORPORATION
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance	Inv V.I Mn Strt Sm Cap F S I		16
*	Voya Retirement Insurance	Columbia Sel Mid Cap Value Fund A		17
*	Voya Retirement Insurance	VY CBRE RI Estate Prt Srv		30
*	Voya Retirement Insurance	Inv Main Street MC Fd A		16
*	Voya Retirement Insurance	Voya Russell Mid Cap Index Port I		16
*	Voya Retirement Insurance	Voya Russell Sm Cp Index Port I		15
*	Voya Retirement Insurance	PIMCO Commodity RI Rtn Strat Fnd Adm		16
*	Voya Retirement Insurance	Dlwr Small Cap Value Fund A		16
*	Voya Retirement Insurance	Third Avenue Real Est Val Fnd Inst		15
*	Voya Retirement Insurance	BlackRock Hlth Sci Opport Port Ins		2,361
*	Voya Retirement Insurance	Invesco Energy Fund R5		20
*	Voya Retirement Insurance	Franklin Natural Resources Fund Adv		19
*	Voya Retirement Insurance	Voya Glo High Div Low Vol Prtf I		126
*	Voya Retirement Insurance	MFS New Discovery Fund R3		652
*	Voya Retirement Insurance	Invesco American Value Fund R3		17
*	Voya Retirement Insurance	Gldmn Schs Md Cp Grw Fd Inv		15
*	Voya Retirement Insurance	PGIM Jennison Utility Fund Z		17
*	Voya Retirement Insurance	Davis Financial Fund Y		16
*	Voya Retirement Insurance	AMG River Rd Md Cp Val Fd N		17
*	Voya Retirement Insurance	BlkRck Md-Cp Value Fnd Ins		17
*	Voya Retirement Insurance	Cohen & Steers Real Estate Secs Fd A		15
*	Voya Retirement Insurance	Amer Bcn Small Cap Value Fund Inv		33
*	Voya Retirement Insurance	USAA Pres Metals & Mineral Fd A		736

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*	Voya Retirement Insurance	Voya Indx Solution 2050 PI		11,294
*	Voya Retirement Insurance	Voya Indx Solution 2060 PI		6,000
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*	Voya Retirement Insurance	Amer Cent Infl-Adjust Bond Fnd		537
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*	Voya Retirement Insurance	Delaware Ivy Sci & Tech Fnd Y		15
*	Voya Retirement Insurance	Voya High Yield Port Ins		1,453
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