

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>TRAJECTOR HOLDINGS SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>VET COMP & PEN MEDICAL CONSULTING, LLC</u> <u>410 SW 140TH TERRACE</u> <u>NEWBERRY, FL 32669</u>	1c Effective date of plan <u>01/01/2021</u>	2b Employer Identification Number (EIN) <u>47-1965243</u>
2c Plan Sponsor's telephone number <u>863-409-4950</u>	2d Business code (see instructions) <u>541600</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.	09/26/2023	LORI WALSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 685
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) 637
a(2) Total number of active participants at the end of the plan year		6a(2) 587
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 41
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 628
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 630
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 612
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 244
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☒ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 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 TRAJECTOR HOLDINGS SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VET COMP & PEN MEDICAL CONSULTING, LLC	D Employer Identification Number (EIN) 47-1965243

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 GREAT WEST LIFE & ANNUITY INSURANCE 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
84-0467907	68322	51239-01	630	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	203166
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	25697
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c	Additions: (1) Contributions deposited during the year	7c(1)	34106	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	1135	
	(4) Transferred from separate account.....	7c(4)	28453	
	(5) Other (specify below)	7c(5)	129340	
	▶ LOAN REPAYMENTS, FORFEITURES			

(6) Total additions.....	7c(6)	193034
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	218731
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	701
(2) Administration charge made by carrier.....	7e(2)	1084
(3) Transferred to separate account.....	7e(3)	13780
(4) Other (specify below)	7e(4)	

(5) Total deductions.....	7e(5)	15565
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	203166
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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)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TRAJECTOR HOLDINGS SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VET COMP & PEN MEDICAL CONSULTING, LLC	D Employer Identification Number (EIN) 47-1965243	

Part I	Service Provider Information (see instructions)
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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
--

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

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

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

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

EMPOWER ADVISORY GROUP LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	37516	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMMONWEALTH EQUITY

29 SAWYER RD
WALTHAM, MA 02453-3483

(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	27923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	4579	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 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>TRAJECTOR HOLDINGS SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VET COMP & PEN MEDICAL CONSULTING, LLC</u>	D Employer Identification Number (EIN) <u>47-1965243</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)	1120
(2) Participant contributions.....		1b(2)	1120
(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)	509248168
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	23325524470718
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	25697203166
(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	2363565	4722052

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	2363565	4722052
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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)	1474226	
(B) Participants	2a(1)(B)	1788793	
(C) Others (including rollovers)	2a(1)(C)	246229	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3509248
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1400	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1400
(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)	185807	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		185807
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-692673
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3003782
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	574021	
(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)		574021
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	71274	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		71274
j Total expenses. Add all expense amounts in column (b) and enter total	2j		645295
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2358487
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: **WARREN AVERETT LLC**

(2) EIN: **45-4084437**

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 TRAJECTOR HOLDINGS SAVINGS PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 VET COMP & PEN MEDICAL CONSULTING, LLC		D Employer Identification Number (EIN) 47-1965243
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): 47-1965243		
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

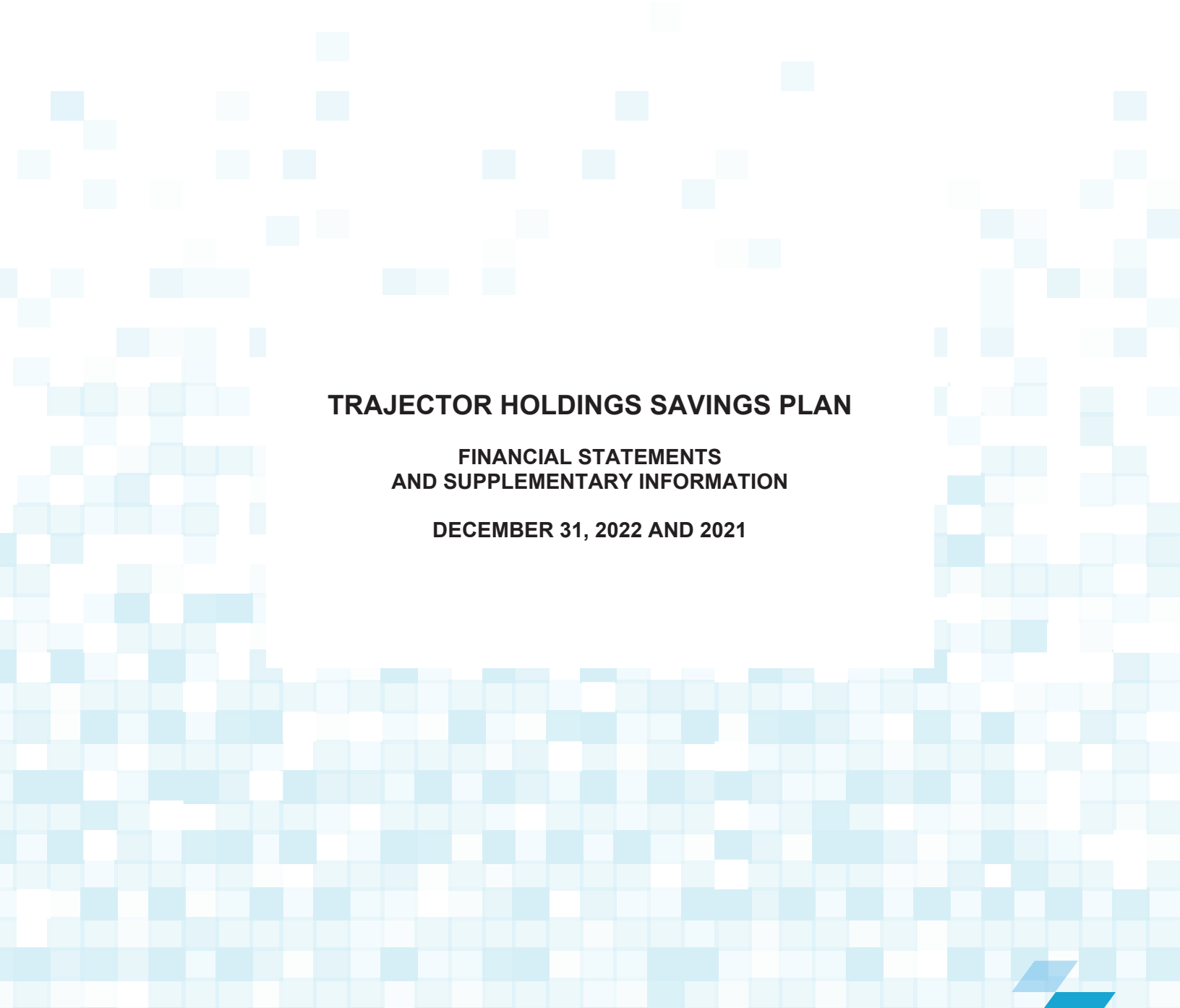
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ 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 _____



TRAJECTOR HOLDINGS SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2022 AND 2021



www.warrenaverett.com

The report accompanying this deliverable was issued
by Warren Averett, LLC.

**TRAJECTOR HOLDINGS SAVINGS PLAN
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DECEMBER 31, 2022 AND 2021**

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INDEPENDENT AUDITORS' REPORT

To the Trustees of and Participants in the
Trajector Holdings Savings Plan

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

We have performed audits of the accompanying financial statements of Trajector Holdings Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications 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 Auditors' Responsibilities for the Audits 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 (GAAP).
- 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audits 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance; and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

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

Our 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 GAAP.

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

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

Other Matter

Supplemental Schedule 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 is not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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 its form and content, is presented in conformity with the DOL'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 DOL'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).

Warren Averett, LLC

Atlanta, Georgia
September 20, 2023

TRAJECTOR HOLDINGS SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value	\$ 4,470,718	\$ 2,332,552
Investments, at contract value	203,166	25,697
Notes receivable from plan participants	48,168	5,092
Other receivable	-	224
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,722,052</u></u>	<u><u>\$ 2,363,565</u></u>

See notes to the financial statements.

TRAJECTOR HOLDINGS SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS

Contributions:

Participant	\$ 1,788,793
Rollovers	246,229
Employer	<u>1,474,226</u>

Total contributions	<u>3,509,248</u>
---------------------	------------------

Interest and dividend and other income	185,807
--	---------

Interest on notes receivable from participant	<u>1,400</u>
---	--------------

TOTAL ADDITIONS TO NET ASSETS	<u><u>3,696,455</u></u>
--------------------------------------	-------------------------

DEDUCTIONS

Benefits paid	574,021
Net depreciation in fair value of investments	692,673
Administrative expenses	<u>71,274</u>

TOTAL DEDUCTIONS FROM NET ASSETS	<u><u>1,337,968</u></u>
---	-------------------------

NET DECREASE IN NET ASSETS	2,358,487
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NET ASSETS AVAILABLE FOR BENEFITS AT:

BEGINNING OF YEAR	<u>2,363,565</u>
--------------------------	------------------

END OF YEAR	<u><u>\$ 4,722,052</u></u>
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See notes to the financial statements.

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

1. DESCRIPTION OF PLAN

The following description of the Trajector Holdings Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the official Plan document for complete information.

General

Effective January 1, 2021, Vet Comp & Pen Consulting LLC established the Plan. The Plan was named the Vet Comp & Pen Consulting Savings Plan through November 30, 2021. Effective December 1, 2021, the Plan was amended and renamed Trajector Holdings Savings Plan. In conjunction with this amendment, the Plan Sponsor changed to Vet Comp & Pen Consulting, LLC d/b/a Trajector Medical (the Plan Sponsor or Company). The Plan is a defined contribution plan covering substantially all employees of the Company except for union employees, nonresident alien employees, or leased employees, as defined, are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility and Participant Contributions

Employees of the Company are eligible for participation in the Plan if they have attained age 18 and have completed three months of service, as defined. Participants may enter the Plan the first day of the month coinciding with or next following the date the eligibility requirements are satisfied. Participants may direct their contributions as well as their allocable Company contributions into any investment option offered by the Plan.

Participants may elect to defer up to 100% of compensation, before taxes, subject to certain Internal Revenue Code (IRC) limitations. An employee may terminate his or her election to participate at any time. Participants may also elect to make supplemental catch-up contributions, subject to IRC limitations. Employees may roll over into the Plan amounts that represent a "qualified total distribution" or a complete distribution from an individual retirement account or individual retirement annuity, as defined by the IRC and the Plan.

The Plan also includes an automatic deferral feature. In the event a participant does not elect an alternative salary reduction rate or elects not to defer under the Plan, the Company will automatically withhold 3% of the participant's eligible compensation and increase 1% to a maximum of 6%. The increase in the amount automatically withheld from a participant's pay will be effective on the first day of the Plan year, beginning with the first Plan year following the date deferrals were first automatically withheld from the participant's pay.

Company Contributions

The Company will make a safe harbor matching contribution in an amount equal to 100% of a participant's elective deferrals not-to-exceed 6% of compensation or the allocation period.

The Company may also make a discretionary profit-sharing contribution to the Plan. The contribution will be allocated in the ratio of the eligible participant's compensation for the allocation period bears to the total compensation of all participants eligible to receive an allocation for the allocation period. For the year ended December 31, 2022, there were no discretionary contributions made to the Plan.

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

1. DESCRIPTION OF PLAN – CONTINUED

Participant Accounts

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions, allocation of the Company's contributions and Plan earnings and is charged with withdrawals, recordkeeping fees and administrative fees and an allocation of Plan losses. Allocations are based on participant earnings (losses) or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants will be 100% vested in the Company's safe harbor contributions after two years of service and will be 100% vested in the Company's discretionary profit-sharing contributions ratably at 20% per year with full vesting after six years of service. Upon attainment of normal retirement age, as defined, death or disability, the participants will become 100% vested in their accounts.

Withdrawals and Distributions

Generally, a participant's vested account balance is payable by lump-sum distribution, between ages 59½ and 72, upon his or her retirement or disability. Upon termination of employment, the vested portion of the participant's account may be withdrawn in a lump sum or left in the Plan. If the vested amount is \$5,000 or less, a lump-sum distribution is required.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The minimum amount that can be borrowed is \$1,000. The loans are secured by the account balance. Repayments of the loans are made in substantially equal payroll deductions amortized over the life of the loan.

Plan Administration

The Plan is administered by the Company. Empower Annuity Insurance Company of America (formerly, Great-West Life & Annuity Insurance Company) and Empower Trust Company, LLC. (formerly, Great-West Trust Company, LLC) (collectively the custodians) are custodians of the Plan.

Forfeitures

The Plan will use forfeitures to reduce future Company contributions. As of December 31, 2022 and 2021, forfeited balances were approximately \$148,000 and \$19,000, respectively. In 2022, approximately \$1,000 in forfeitures were used to reduce Plan expenses.

Administrative Expenses

The Company pays substantially all administrative costs of the Plan, except for recordkeeping fees and various fees associated with recordkeeping and investment advisor fees which are paid by the Plan.

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Risks and Uncertainties

The Plan's investments include mutual funds and a fixed annuity contract as of December 31, 2022 and 2021. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the fixed annuity contract which is valued at contract value. Contract value is the relevant measure for the portion of 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. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net 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.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021.

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

3. FAIR VALUE MEASUREMENT

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2022 and 2021:

Mutual Funds: Mutual funds are valued based upon quoted market prices.

As of December 31, 2022 and 2021, the Plan's investments at fair value represent investments in mutual funds.

	<u>Level 1</u>
December 31, 2022	
Investments, at fair value	
Mutual Funds	<u>\$ 4,470,718</u>
Total investments, at fair value	<u><u>\$ 4,470,718</u></u>
	<u>Level 1</u>
December 31, 2021	
Investments, at fair value	
Mutual Funds	<u>\$ 2,332,552</u>
Total investments, at fair value	<u><u>\$ 2,332,552</u></u>

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2021, the Plan entered into an investment contract with Great-West Life & Annuity Insurance Company (Great West). Under this contract, Great-West maintains the contributions in a general account. The accounts are credited with the earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Under the group annuity insurance contract that supports this product, participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account at contract value within reasonable timeframes. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Great-West announces in advance the prevailing interest rates it will credit to participant account balances. When establishing interest crediting rates, Great-West considers many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of a reference portfolio within the issuer's general account. The rates are established without use of a specific formula. These rates are reviewed on a semiannual basis for resetting.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or in rare circumstances, contract value paid overtime. There are no events that allow the issuer to terminate the contract and which require the Company to settle at an amount different than contract value paid either within 90 days or over time.

5. INFORMATION CERTIFIED BY PLAN CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments at December 31, 2022 and 2021 and net depreciation in fair value of investments, interest and dividends for the year ended December 31, 2022, was obtained by management and agreed to, or derived from information certified as complete and accurate by the custodians.

6. PARTY-IN-INTEREST TRANSACTIONS

In 2022, certain fees to administer the Plan have been paid to the recordkeeper for the Plan; and therefore, these transactions qualify as exempt party-in-interest transactions. These fees were approximately \$42,000. In addition, fees were paid to investment advisors of approximately \$28,000, which also qualifies as an exempt party-in-interest transaction.

7. PLAN TERMINATION

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

**TRAJECTOR HOLDINGS SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

8. TAX STATUS

The Company adopted a Non-Standardized Pre-Approved Profit-Sharing Plan sponsored by Oriental Pension Consultants Inc. (the Prototype Plan). The Prototype Plan received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, which stated that the Prototype Plan was designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS. The Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. The Plan is not currently being audited by any taxing jurisdictions.

9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 20, 2023, which is the date the financial statements were available to be issued, and has determined that there are no subsequent events that require disclosure under the Subsequent Events topic of FASB ASC 855, *Subsequent Events*.

SUPPLEMENTARY INFORMATION

TRAJECTOR HOLDINGS SAVINGS PLAN
SPONSOR'S EIN# 47-4*98576 – PLAN NUMBER: 002
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Parties	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Mutual Funds			
	AMERICAN CENTURY EQUITY INCOME R6	Mutual Fund	\$ 57,546
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual Fund	24,510
	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Mutual Fund	182,590
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Mutual Fund	51,136
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Mutual Fund	431,702
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Mutual Fund	236,131
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Mutual Fund	361,791
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Mutual Fund	362,149
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Mutual Fund	233,781
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Mutual Fund	290,000
	AMERICAN FUNDS 2065 TRGT DATE RETIRE R6	Mutual Fund	2,821
	BLACKROCK 40/60 TARGET ALLOCATION K	Mutual Fund	84,713
	BLACKROCK 80/20 TARGET ALLOCATION K	Mutual Fund	12,411
	BLACKROCK MID-CAP GROWTH EQUITY K	Mutual Fund	13,399
	FIDELITY 500 INDEX	Mutual Fund	542,502
	FIDELITY ADVISOR FOCUSED EMERGING MRKT Z	Mutual Fund	109,775
	FIDELITY ADVISOR HEALTH CARE Z	Mutual Fund	11,161
	FIDELITY ADVISOR INTL SMALL CAP Z	Mutual Fund	50,348
	FIDELITY ADVISOR TOTAL BOND Z	Mutual Fund	123,820
	FIDELITY INTERNATIONAL ENHANCED INDEX	Mutual Fund	97,422
	FIDELITY MID CAP INDEX	Mutual Fund	212,421
	FIDELITY SMALL CAP INDEX	Mutual Fund	107,464
	FRANKLIN REAL ESTATE SECURITIES R6	Mutual Fund	59,109
	JANUS HENDERSON GLOBAL TECH INNOVATION N	Mutual Fund	14,581
	JANUS HENDERSON SMALL CAP VALUE N	Mutual Fund	17,350
	JPMORGAN EMERGING MARKETS EQUITY R6	Mutual Fund	10,220
	JPMORGAN INTERNATIONAL EQUITY R6	Mutual Fund	58,974
	JPMORGAN INVESTOR GROWTH R6	Mutual Fund	99,781
	JPMORGAN LARGE CAP GROWTH R6	Mutual Fund	67,052
	JPMORGAN SMALL CAP GROWTH R6	Mutual Fund	16,215
	MFS CORE EQUITY R6	Mutual Fund	5,617
	MFS CORPORATE BOND R6	Mutual Fund	46,884
	MFS INTERNATIONAL GROWTH R6	Mutual Fund	208,723
	MFS INTL DIVERSIFICATION R6	Mutual Fund	21,571
	MFS MID CAP VALUE R6	Mutual Fund	20,639
	MFS VALUE R6	Mutual Fund	63,803
	PGIM GOVERNMENT INCOME R6	Mutual Fund	91,002
	PGIM JENNISON GROWTH Q	Mutual Fund	15,617
	PGIM JENNISON INTERNATIONAL OPPS R6	Mutual Fund	4,186
	T. ROWE PRICE DIVIDEND GROWTH I	Mutual Fund	33,892
	T. ROWE PRICE SMALL-CAP VALUE I	Mutual Fund	15,909
	Total Mutual Funds		4,470,718
*	Great-West Key Guaranteed Portfolio Fund	Fixed Annuities	203,166
*	Participant Loans	Various participants	48,168
		Total	\$ 4,722,052

* Indicates a party-in-interest

(d) Cost information is omitted as all investments are participant-directed

This schedule is presented in compliance with DOL filing requirements.

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3GWAQ35	129,337.38	0.000000	719	(1,500.00)	0.000000	3	(1,500.00)	SERIES
4GWAQ35	77.58	0.000000	3	(35.40)	0.000000	9	(35.40)	SERIES
IRFJTX	357.12	27.757126	4	(3,508.73)	(286.736105)	12	(3,816.57)	SERIES
IRRCTX	20,270.51	1,563.020517	260	(2,011.91)	(157.340430)	96	(2,214.51)	SERIES
IRFDTX	206,054.81	14,087.303858	988	(155,522.44)	(10,821.764422)	478	(169,535.00)	SERIES
IRFETX	47,065.50	3,038.557294	553	(28,871.67)	(1,832.948690)	286	(33,204.62)	SERIES
IRFFTX	417,524.19	23,873.424659	1575	(43,452.35)	(2,594.091686)	696	(50,190.23)	SERIES
IRFGTX	233,314.29	13,123.575795	1476	(149,923.84)	(8,282.427188)	672	(167,585.37)	SERIES
IRFHFX	310,801.03	17,373.845951	2497	(48,329.22)	(2,716.365949)	984	(55,554.97)	SERIES
IRFITX	304,273.15	17,326.510606	3028	(97,863.13)	(5,269.845982)	1299	(108,392.10)	SERIES
IRFKTX	204,135.59	9,275.782570	3940	(71,296.03)	(3,158.004927)	1641	(81,288.45)	SERIES
IRFUTX	267,719.69	18,035.612834	5855	(93,489.34)	(6,207.986307)	2746	(105,563.62)	SERIES
IRFVTX	2,988.35	198.683546	58	(8,296.95)	(554.987463)	27	(9,152.14)	SERIES
IBKCPX	0.00	0.000000	0	(101.04)	(9.104051)	16	(114.72)	SERIES
IBKMPX	51,545.14	4,315.231645	378	(816.29)	(68.020203)	115	(910.56)	SERIES
IBKAPX	6,884.74	465.657571	64	(110.54)	(7.389466)	45	(122.59)	SERIES
IJFTUX	56,537.08	2,515.975821	252	(5,285.28)	(231.899616)	136	(6,018.81)	SERIES
IFZAEX	105,701.25	3,855.685270	15197	(31,005.00)	(1,142.477458)	9015	(36,518.31)	SERIES
IFIENX	101,295.83	11,108.644616	13988	(34,311.73)	(3,631.991426)	8103	(38,249.22)	SERIES
IFIQIX	94,795.15	3,371.357302	10083	(110,840.34)	(4,109.966252)	13494	(128,290.00)	SERIES
IJEMWX	7,111.75	244.673264	382	(276.09)	(7.899750)	183	(323.68)	SERIES
IJNEMX	109,750.49	6,428.740949	12513	(93,660.34)	(5,893.970999)	11332	(111,402.75)	SERIES
IMDIZX	15,343.24	745.477161	487	(438.99)	(18.559544)	184	(466.18)	SERIES
IMGRDX	220,585.37	6,270.173966	13229	(16,840.56)	(475.563547)	2918	(16,668.28)	SERIES
IPWJQX	1,255.78	48.942974	124	(57.08)	(2.151634)	67	(73.74)	SERIES
IPRQX	13,549.81	1,941.166482	3777	(11,727.51)	(1,941.088254)	2653	(13,547.22)	SERIES
IFIKCX	6,980.04	111.455829	106	(80.78)	(1.273526)	36	(89.15)	SERIES
IFSERX	59,728.19	3,079.823153	16303	(15,146.66)	(744.995985)	8592	(16,242.00)	SERIES
IJATNX	5,277.04	136.636706	178	(537.61)	(11.762816)	102	(684.39)	SERIES
IFSSNX	106,719.80	4,688.465864	19719	(18,177.46)	(773.053690)	6553	(20,112.48)	SERIES
IJGSMX	14,353.11	716.808514	2169	(15,584.50)	(719.214890)	4390	(19,957.16)	SERIES
IJDSNX	17,821.81	792.934287	10	(54.82)	(2.477180)	4	(55.76)	SERIES
IPRVIX	11,060.68	209.391733	249	(510.50)	(8.593931)	205	(535.38)	SERIES
IBMGKX	44,024.32	1,250.294147	9873	(39,361.84)	(1,233.712950)	8355	(47,353.68)	SERIES
IFSMDX	208,164.63	7,921.885910	17630	(27,878.27)	(996.321121)	7992	(29,207.06)	SERIES
IMVCKX	45,634.16	1,540.455040	9677	(51,670.00)	(1,801.597724)	9994	(54,943.28)	SERIES
IAEUDX	64,784.27	7,027.626768	6813	(20,451.32)	(2,253.169615)	4925	(21,131.41)	SERIES
IFXAIX	473,195.86	3,388.913617	21816	(79,218.70)	(569.728485)	7341	(85,309.45)	SERIES
IJLGMX	65,270.32	1,269.729491	7197	(46,682.95)	(874.034350)	8804	(54,870.20)	SERIES
IMRGKX	16,067.92	362.415806	5128	(12,404.84)	(294.818190)	3421	(13,886.75)	SERIES
IMEIKX	80,904.80	1,653.081105	15369	(47,088.66)	(951.500523)	10687	(47,919.01)	SERIES
IPJFX	13,882.13	304.185396	1976	(556.09)	(10.576104)	345	(651.12)	SERIES
IPDGIK	86,455.74	1,312.908384	9388	(94,672.83)	(1,486.098938)	10511	(101,702.47)	SERIES
IBRHYX	0.01	0.001543	1	0.00	0.000000	0	0.00	SERIES
IFBKWX	128,226.23	13,094.152548	10364	(34,402.15)	(3,515.537695)	5841	(36,808.68)	SERIES
IMFBKX	28,103.72	2,271.043167	5529	(1,650.25)	(134.535876)	1322	(1,771.59)	SERIES
IPGIQX	94,818.26	11,432.741551	17629	(32,596.03)	(3,989.873550)	10400	(35,782.45)	SERIES
IGWAQ35	62,484.43	0.000000	1549	(14,029.23)	0.000000	493	(14,029.23)	SERIES

LEGEND

INVESTMENT OPTION:

3GWAQ35	EI Fixed Account - Series Class I	4GWAQ35	EI Fixed Account - Series Class I
IRFITX	American Funds 2015 Trgt Date Retire R6	IRRCTX	American Funds 2020 Trgt Date Retire R6
IRFDTX	American Funds 2025 Trgt Date Retire R6	1RFETX	American Funds 2030 Trgt Date Retire R6
IRFFTX	American Funds 2035 Trgt Date Retire R6	1RFGTX	American Funds 2040 Trgt Date Retire R6
IRFHTX	American Funds 2045 Trgt Date Retire R6	1RFITX	American Funds 2050 Trgt Date Retire R6
IRFKTX	American Funds 2055 Trgt Date Retire R6	1RFUTX	American Funds 2060 Trgt Date Retire R6
IRFVTX	American Funds 2065 Trgt Date Retire R6	1BKCPX	BlackRock 20/80 Target Allocation K
IBKMPX	BlackRock 40/60 Target Allocation K	1BKAPX	BlackRock 80/20 Target Allocation K
1JFTUX	JPMorgan Investor Growth R6	1FZAEX	Fidelity Advisor Focused Emerging Mkrt Z
1FIENX	Fidelity International Enhanced Index	1FIQJX	Fidelity Advisor Intl Small Cap Z
1JEMWX	JPMorgan Emerging Markets Equity R6	1JNEMX	JPMorgan International Equity R6
1MDZXX	MFS Intl Diversification R6	1MGRDX	MFS International Growth R6
1PWJQX	PGIM Jennison International Opps R6	1PJRXQ	PGIM QMA International Equity R6
1FIKCX	Fidelity Advisor Health Care Z	1FSERX	Franklin Real Estate Securities R6
1JATNX	Janus Henderson Global Tech Innovation N	1FSSNX	Fidelity Small Cap Index
1JGSMX	JPMorgan Small Cap Growth R6	1JDSNX	Janus Henderson Small Cap Value N
1PRVIX	T. Rowe Price Small-Cap Value I	1BMGKX	BlackRock Mid-Cap Growth Equity K
1FSMDX	Fidelity Mid Cap Index	1MVCKX	MFS Mid Cap Value R6
1AEUDX	American Century Equity Income R6	1FXAIX	Fidelity 500 Index
1JLGMX	JPMorgan Large Cap Growth R6	1MRGKX	MFS Core Equity R6
1MEIKX	MFS Value R6	1PJFQX	PGIM Jennison Growth R6
1PDGIX	T. Rowe Price Dividend Growth I	1BRHYX	BlackRock High Yield Bond Portfolio K
1FBKWX	Fidelity Advisor Total Bond Z	1MFBKX	MFS Corporate Bond R6
1PGIQX	PGIM Government Income R6	1GWAQ35	EI Fixed Account - Series Class I

TRAJECTOR HOLDINGS SAVINGS PLAN
SPONSOR'S EIN# 47-4*98576 – PLAN NUMBER: 002
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Parties	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Mutual Funds			
	AMERICAN CENTURY EQUITY INCOME R6	Mutual Fund	\$ 57,546
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual Fund	24,510
	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Mutual Fund	182,590
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Mutual Fund	51,136
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Mutual Fund	431,702
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Mutual Fund	236,131
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Mutual Fund	361,791
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Mutual Fund	362,149
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Mutual Fund	233,781
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Mutual Fund	290,000
	AMERICAN FUNDS 2065 TRGT DATE RETIRE R6	Mutual Fund	2,821
	BLACKROCK 40/60 TARGET ALLOCATION K	Mutual Fund	84,713
	BLACKROCK 80/20 TARGET ALLOCATION K	Mutual Fund	12,411
	BLACKROCK MID-CAP GROWTH EQUITY K	Mutual Fund	13,399
	FIDELITY 500 INDEX	Mutual Fund	542,502
	FIDELITY ADVISOR FOCUSED EMERGING MRKT Z	Mutual Fund	109,775
	FIDELITY ADVISOR HEALTH CARE Z	Mutual Fund	11,161
	FIDELITY ADVISOR INTL SMALL CAP Z	Mutual Fund	50,348
	FIDELITY ADVISOR TOTAL BOND Z	Mutual Fund	123,820
	FIDELITY INTERNATIONAL ENHANCED INDEX	Mutual Fund	97,422
	FIDELITY MID CAP INDEX	Mutual Fund	212,421
	FIDELITY SMALL CAP INDEX	Mutual Fund	107,464
	FRANKLIN REAL ESTATE SECURITIES R6	Mutual Fund	59,109
	JANUS HENDERSON GLOBAL TECH INNOVATION N	Mutual Fund	14,581
	JANUS HENDERSON SMALL CAP VALUE N	Mutual Fund	17,350
	JPMORGAN EMERGING MARKETS EQUITY R6	Mutual Fund	10,220
	JPMORGAN INTERNATIONAL EQUITY R6	Mutual Fund	58,974
	JPMORGAN INVESTOR GROWTH R6	Mutual Fund	99,781
	JPMORGAN LARGE CAP GROWTH R6	Mutual Fund	67,052
	JPMORGAN SMALL CAP GROWTH R6	Mutual Fund	16,215
	MFS CORE EQUITY R6	Mutual Fund	5,617
	MFS CORPORATE BOND R6	Mutual Fund	46,884
	MFS INTERNATIONAL GROWTH R6	Mutual Fund	208,723
	MFS INTL DIVERSIFICATION R6	Mutual Fund	21,571
	MFS MID CAP VALUE R6	Mutual Fund	20,639
	MFS VALUE R6	Mutual Fund	63,803
	PGIM GOVERNMENT INCOME R6	Mutual Fund	91,002
	PGIM JENNISON GROWTH Q	Mutual Fund	15,617
	PGIM JENNISON INTERNATIONAL OPPS R6	Mutual Fund	4,186
	T. ROWE PRICE DIVIDEND GROWTH I	Mutual Fund	33,892
	T. ROWE PRICE SMALL-CAP VALUE I	Mutual Fund	15,909
	Total Mutual Funds		4,470,718
*	Great-West Key Guaranteed Portfolio Fund	Fixed Annuities	203,166
*	Participant Loans	Various participants	48,168
		Total	\$ 4,722,052

* Indicates a party-in-interest

(d) Cost information is omitted as all investments are participant-directed

This schedule is presented in compliance with DOL filing requirements.