

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan TRICORBRAUN 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1986
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) TRICORBRAUN INC. 6 CITYPLACE DRIVE, SUITE 1000 SAINT LOUIS, MO 63141	2b Employer Identification Number (EIN) 43-0696986 2c Plan Sponsor's telephone number 314-569-3633 2d Business code (see instructions) 424990

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.	10/13/2023	DORNETRIA HEMPHILL
	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 1200
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) 1027
a(2) Total number of active participants at the end of the plan year		6a(2) 997
b Retired or separated participants receiving benefits		6b 3
c Other retired or separated participants entitled to future benefits.....		6c 264
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1264
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 1265
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1265
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 101
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B		
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) ☒ 2 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 TRICORBRAUN 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRICORBRAUN INC.	D Employer Identification Number (EIN) 43-0696986	

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 METROPOLITAN LIFE 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
13-5581829	65978	41653000	3	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
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **AS SPECIFIED IN CONTRACT**

b	Premiums paid to carrier	6b	2337
c	Premiums due but unpaid at the end of the year	6c	0
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 ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

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

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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	2337
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.	10b	

Specify nature of costs.

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 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 TRICORBRAUN 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRICORBRAUN INC.	D Employer Identification Number (EIN) 43-0696986	

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 AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	R00171	101	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** 10289255**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 9660872**c** Additions: (1) Contributions deposited during the year **7c(1)** 449807
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 101962
(4) Transferred from separate account **7c(4)** 2905759
(5) Other (specify below) **7c(5)** 50874

▶ LOAN REPAYMENTS AND FORFEITURE CREDITS

(6) Total additions **7c(6)** 3508402**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 13169274**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2351763
(2) Administration charge made by carrier **7e(2)** 12465
(3) Transferred to separate account **7e(3)** 483599
(4) Other (specify below) **7e(4)** 32192

▶ LOAN ISSUES

(5) Total deductions **7e(5)** 2880019**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 10289255

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 TRICORBRAUN 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRICORBRAUN INC.	D Employer Identification Number (EIN) 43-0696986	

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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 38 50 64	NONE	98624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MATRIX TRUST COMPANY	19 21 25 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ONEAMERICA RETIREMENT SERVICES, LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$1,250 ANNUAL TRUST AND CUSTODY FEE PLUS 1 BASIS POINT ON MARKET VALUE ANNUALIZED MONTHLY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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>TRICORBRAUN 401(K) 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>TRICORBRAUN INC.</u>	D Employer Identification Number (EIN) <u>43-0696986</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	5785	73044
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	1128261	1047653
(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)	133162940	112280326
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9660872	10289255
(15) Other	1c(15)	123419	99988

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	144081277	123790266

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	144081277	123790266
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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)	2270926	
(B) Participants	2a(1)(B)	8330659	
(C) Others (including rollovers)	2a(1)(C)	5193121	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15794706
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)	54462	
(F) Other	2b(1)(F)	101962	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		156424
(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)	3185200	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3185200
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	62151	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	60380	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1771
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	619	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		619

		(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)		-27931235
c Other income	2c		65152
d Total income. Add all income amounts in column (b) and enter total	2d		-8727363
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11410585	
(2) To insurance carriers for the provision of benefits	2e(2)	2337	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11412922
f Corrective distributions (see instructions)	2f		2102
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	98624	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	50000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		148624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11563648
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-20291011
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: LOPATA, FEGEL & COMPANY, LLP

(2) EIN: 43-1552002

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		64159

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TRICORBRAUN 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRICORBRAUN INC.		D Employer Identification Number (EIN) 43-0696986
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

TRICORBRAUN 401(K) PLAN

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2022 AND 2021

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- * Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Accountants and Management Consultants

600 Mason Ridge Center Drive
Suite 100
St. Louis, Missouri 63141
314-514-8881
314-514-8872 Fax

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
TricorBraun 401(k) Plan

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

We have performed audits of the accompanying financial statements of the TricorBraun 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits – modified cash basis 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 TricorBraun 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from 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 D 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 the modified cash basis of accounting.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Basis of Accounting

We draw attention to Note B1 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting 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 aggregate, that raise substantial doubt about the TricorBraun 401(k) Plan's ability to continue as a going concern for one year after the date of 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, 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 judgement and maintain professional skepticism throughout the audit.

TricorBraun 401(k) Plan

- 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 TricorBraun 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the TricorBraun 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 schedules as of December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules 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).

Lopsata, Flegel & Company LLP

St. Louis, Missouri
October 10, 2023

TRICORBRAUN 401(k) PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments (see Note C)		
Cash (unallocated to participants)	\$ 73,044	\$ 5,785
Investments at fair value (see Note G)	112,280,326	133,162,940
Investments at contract value (see Note H)	10,289,255	9,660,872
Life insurance cash values (see Note G)	99,988	123,419
Total investments	122,742,613	142,953,016
Receivables		
Notes receivable from participants	1,047,653	1,128,261
Net assets available for benefits	\$ 123,790,266	\$ 144,081,277

The accompanying notes are an integral part of these statements.

TRICORBRAUN 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year ended December 31, 2022

Additions:

Investment income	
Net depreciation in fair value of investments	\$ (27,931,235)
Dividends	3,185,200
Interest	101,962
Contributions	
Employer - matching	2,270,926
Participants	8,330,659
Employee rollovers	5,193,121
Increase in cash surrender value of life insurance policies	2,390
Interest income on notes receivable from participants	54,462
Other income	1,594
Total additions (net reductions)	(8,790,921)

Deductions:

Benefits paid to participants (including \$116,957 of deemed distributions)	11,351,466
Administrative expenses	148,624
Total deductions	11,500,090
Net decrease in net assets available for benefits	(20,291,011)

Net assets available for benefits

Beginning of year	144,081,277
End of year	<u>\$ 123,790,266</u>

The accompanying notes are an integral part of this statement.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE A – DESCRIPTION OF PLAN

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

1. General

TricorBraun Inc. is the adopting employer (Plan sponsor) and the Plan administrator. The Plan is a section 401(k) defined contribution plan covering substantially all eligible employees of TricorBraun Inc. and its U.S. subsidiaries (Company). All non-union and non-temporary employees who have completed two months of service and are 21 years of age or older are eligible to participate.

Matrix Trust Company is the directed trustee of the Plan's assets and executes investment transactions for the Plan. OneAmerica Retirement Services LLC is the Plan's recordkeeper. The Plan sponsor has appointed an Administrative Committee to control and manage the operations and administration of the Plan. The Plan sponsor also established an Investment Committee to review and monitor the Plan's investments. The Investment Committee engages an advisor to provide investment advisory services as a fiduciary, and consulting services.

The Plan was first established on January 1, 1986. It was most recently restated July 15, 2022 (see Note J).

2. Contributions

Participants may elect to make tax deferred or after-tax Roth contributions of up to 90 percent of their annual eligible compensation (subject to an annual maximum) under a salary deferral agreement into participant directed investment accounts. Participants who have attained age 50 before the end of the plan year are eligible to make additional tax deferred or Roth "catch-up" contributions (subject to an annual maximum).

Newly eligible employees are automatically enrolled into the Plan at a deferral rate of 3%, with 1% annual increases up to 15%, if they do not make a salary reduction election or formally decline enrollment. The Plan also allows eligible employee rollovers.

The Company made matching contributions during 2022 equal to 50 percent of participants' tax deferred and Roth contributions up to 6 percent of their eligible compensation. The Company match was suspended effective October 28, 2022 and reinstated effective July 1, 2023. Contributions are subject to certain IRS limitations.

3. Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, and Plan earnings or loss.

Participants direct the investment of their accounts among a variety of investment options provided by the Plan. Participant accounts are credited with the net investment income of the investments they select, including appreciation and depreciation in fair value of the investments. Participants should refer to available detailed information regarding each of the investment options, including the investment strategies and costs.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

3. Participant Accounts (Continued)

Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan (see Note B6).

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are immediately vested in their contributions and actual earnings thereon. Vesting on the value of employer matching contributions (and actual earnings thereon) is calculated based on the plan year at the rate of 33 ⅓% per year for participants terminated subsequent to August 1, 2018. Participants become fully vested in the employer contributions upon death or permanent disability.

5. Notes Receivable from Participants

Participants may borrow from the Plan up to 50 percent of their vested account balance. Participants cannot borrow less than \$1,000 nor more than \$50,000. Loans are secured by the balance in the participant's account.

Loans are for a period not exceeding five years and bear interest at an agreed-upon percentage based on prevailing market rates (4.25% to 8.00% at December 31, 2022). Principal and interest are paid through payroll deductions.

6. Payment of Benefits

In the case of normal retirement, retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their vested plan benefits, in accordance with the provisions of the Plan, in a lump-sum, in non-recurring partial payments or in installment payments. In the event that a participant dies, the beneficiary will receive the value of the participant's vested plan benefits in a lump-sum distribution or in an alternative manner mutually agreed upon by the beneficiary and the Plan administrator.

7. Participant Hardship Withdrawals and In-Service Distributions

Participants may withdraw any part of their account resulting from deferral contributions in the event of a hardship, as defined in the Plan. The Plan allows for in-service distributions to participants who have attained age 59½.

8. Forfeitures

Forfeitures of nonvested Company contributions are used periodically to reduce future Company contributions or to pay administrative expenses of the Plan. In 2022, employer contributions were reduced by \$57,925 from forfeited non-vested accounts.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

9. Plan Termination

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

NOTE B – SUMMARY OF ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting - Modified Cash Basis

The financial statements are prepared on a modified cash basis. Contributions (including corrective contributions) are recorded in the period received by the Plan. Payments of benefits (including corrective distributions), administrative expenses and transfers are recognized when they are paid rather than in the period to which they relate. See Note B3 regarding the recognition of investment income.

2. Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting 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 at the date of the financial statements. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract (see Note H), which is reported at contract value, and the life insurance policies, which are reported at cash value).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for discussion of fair value measurements.

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

Investment gains (losses) are net of related costs, including fund management expenses.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE B – SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

5. Excess Contributions

Excess contributions, if any, are netted against contributions received in the statement of changes in net assets available for benefits. There were no excess contributions in 2022.

6. Administrative Expenses

Certain expenses of maintaining the Plan, such as legal and auditing fees and a portion of the recordkeeping fees, are paid directly by the Plan sponsor and are excluded from these financial statements. Fees related to benefit payments and the origination of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses.

Fees related to the investment advisor and a portion of the recordkeeping fees were paid out of plan assets with pro rata deductions from participants accounts based on account balances. Investment advisor and such recordkeeping fees are included in administrative expenses.

7. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2023 the date the financial statements were available to be issued.

NOTE C – INVESTMENTS

The following schedule presents investments held by the Plan.

	<u>2022</u>	<u>2021</u>
Mutual Funds:		
Target Retirement Funds		
TIAA-CREF Lifecycle Index 2015 Fund	\$ 1,327,515	\$ 1,467,428
TIAA-CREF Lifecycle Index 2020 Fund	2,683,008	3,736,140
TIAA-CREF Lifecycle Index 2025 Fund	7,947,144	6,925,454
TIAA-CREF Lifecycle Index 2030 Fund	10,036,085	9,663,870
TIAA-CREF Lifecycle Index 2035 Fund	6,582,940	6,142,850
TIAA-CREF Lifecycle Index 2040 Fund	6,445,839	6,407,004

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE C – INVESTMENTS (CONTINUED)

	2022		2021	
Mutual Funds: (Continued)				
Target Retirement Funds (Continued)				
TIAA-CREF Lifecycle Index 2045 Fund	4,354,922		3,947,473	
TIAA-CREF Lifecycle Index 2050 Fund	5,988,349		6,533,531	
TIAA-CREF Lifecycle Index 2055 Fund	2,332,863		1,930,513	
TIAA-CREF Lifecycle Index 2060 Fund	640,409		553,683	
TIAA-CREF Lifecycle Index Retirement Income Fund	563,394		842,658	
	48,902,468	39.8%	48,150,604	33.7%
Index Funds				
Vanguard Balanced Index Fund	2,133,410		3,137,959	
Vanguard Extended Market Index Fund	10,156,717		14,400,810	
Vanguard FTSE All-World Ex-US Index Fund	4,104,405		5,162,186	
Vanguard FTSE All-World Ex-US Small-Cap Index Fund	125,032		176,508	
Vanguard Growth Index Fund	4,313,911		6,128,900	
Vanguard Institutional Index Fund	13,644,613		17,471,445	
Vanguard Real Estate Index Fund	2,402,635		3,273,959	
Vanguard Small-Cap Growth Index Fund	1,931,834		2,340,328	
Vanguard Small-Cap Index Fund	513,450		236,270	
Vanguard Small-Cap Value Index Fund	1,524,858		1,574,112	
Vanguard Total Bond Market Index Fund	3,414,082		5,002,523	
Vanguard Total Stock Market Index Fund	1,514,575		1,523,865	
Vanguard Value Index Fund	5,670,050		5,913,461	
	51,449,572	41.9%	66,342,326	46.4%
Actively Managed Funds				
American Beacon Small Cap Value Fund	974,628		1,333,938	
DFA Emerging Markets Portfolio	466,609		445,410	
Federated Hermes MDT Small Cap Growth Fund	344,044		594,308	
Fidelity Advisor Total Bond Fund	1,151,996		3,473,966	
Goldman Sachs Small / Mid Cap Growth Fund	1,261,740		2,312,983	
Harbor Capital Appreciation Fund	1,154,952		2,504,140	
Thornburg Limited Term Income Fund	505,859		500,607	
Vanguard Inflation-Protected Securities Fund	1,036,467		1,266,394	
Vanguard International Growth Fund	1,051,451		1,629,010	
Vanguard International Value Fund	377,657		430,071	
Vanguard Selected Value Fund	732,433		991,344	
Vanguard Wellington Fund	1,616,782		1,574,717	
Vanguard Windsor II Fund	1,253,668		1,613,122	
	11,928,286	9.7%	18,670,010	13.1%
Total Mutual Funds	112,280,326	91.4%	133,162,940	93.2%
AUL Stable Value Account	10,289,255	8.4%	9,660,872	6.7%
Cash	73,044	0.1%	5,785	0.0%
Life Insurance Cash Values	99,988	0.1%	123,419	0.1%
	\$122,742,613	100.0%	\$142,953,016	100.0%

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE D – INFORMATION CERTIFIED BY THE PLAN’S TRUSTEE

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Company has accepted the certifications of the Plan’s trustee as to the accuracy and completeness of the investment information included in the accompanying financial statements and supplemental schedules, and instructed the Plan’s independent accountants not to perform any auditing procedures with respect to such information. Accordingly, the following information was certified by Matrix Trust Company as of December 31, 2022 and 2021 and the year ended December 31, 2022, and was not subject to any auditing procedures, except for comparing such information with the related information contained in the accompanying financial statements and schedules:

- Investments at fair value and contract value as of December 31, 2022 and 2021 which are included in the statement of net assets available for benefits and in Note C.
- Dividends, interest and net appreciation (depreciation) in fair value of investments for the year ended December 31, 2022, which are included in the statement of changes in net assets available for benefits.
- Party-in-interest transactions for the year ended December 31, 2022, which are described in Note F.
- All information regarding assets held by the Plan at December 31, 2022, included in the Schedule of Assets Held at End of Year.

NOTE E – TAX STATUS

The Plan adopted the OneAmerica volume submitter plan document effective August 1, 2018; the basic plan design was approved by the Internal Revenue Service (IRS) on March 31, 2014 as satisfying the requirements of ERISA. The Plan was restated with the OneAmerica non-standardized pre-approved plan document effective July 15, 2022 (see Note J) whose basic design was approved by the IRS on November 30, 2020 as satisfying the requirements of ERISA.

The approvals of the general form of the volume submitter plan by the IRS can be relied upon to the same extent as a determination letter or ruling as to whether an individually designed plan qualified under the Internal Revenue Code (IRC) Section 401(a). The Plan administrator believes that the Plan is designed and operates in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management’s evaluation is that there are no such liabilities.

The Plan is currently not under audit by any taxing jurisdiction for any tax period. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE F – PARTY-IN-INTEREST TRANSACTIONS

Matrix Trust Company is custodian of the Plan's investment assets and the directed trustee, and therefore is considered a party-in-interest as defined by ERISA. As of December 31, 2022 and 2021, Plan investments held by Matrix Trust Company totaled \$122,742,613 and \$142,953,016, respectively.

Effective August 1, 2018, the Plan entered into an investment contract with American United Life Insurance Company (AUL), the AUL Stable Value Account (see Note H). AUL is an affiliated company of the Plan's recordkeeper, OneAmerica Retirement Services LLC. At December 31, 2022 and 2021, this investment had a total contract value of \$10,289,255 and \$9,660,872, respectively.

As described in Note B6, certain expenses of maintaining the Plan are paid directly by the Plan sponsor.

These transactions are allowable party-in-interest transactions under Section 408(b)(8) of the ERISA regulations.

NOTE G – FAIR VALUE MEASUREMENTS

The accounting framework for measuring fair value provides a 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 asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE G – FAIR VALUE MEASUREMENTS (CONTINUED)

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Mutual funds, with fair values of \$112,280,326 and \$133,162,940, at December 31, 2022 and 2021 respectively, are valued within Level 1 of the fair value hierarchy.

Life insurance policies, with cash values of \$99,988 and \$123,419, at December 31, 2022 and 2021, respectively, are reported at their cash values and are not subject to fair value measurements.

See Note H regarding investments valued at contract value.

NOTE H – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

On August 1, 2018, the Plan entered into an investment contract with American United Life Insurance Company (AUL), the AUL Stable Value Account. The AUL Stable Value Account is an interest-earning investment option, backed by AUL's general account assets. AUL is contractually obligated to repay the principal and interest. Interest is credited at a rate declared prior to the beginning of a calendar year and is guaranteed for that year until the new rate is set for the next year (1.00% for 2021 and 2022). No guaranteed rate may be less than an annual effective interest rate of zero percent. This investment contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of the investment contract at December 31, 2022 and 2021 was \$10,289,255 and \$9,660,872, respectively.

The Plan's ability to receive amounts due in accordance with the fully-benefit responsive investment contract is dependent on AUL's ability to meet its financial obligations. AUL's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Withdrawals from the contract for other than the payment of benefits may be subject to a market value adjustment. Certain restrictions may apply with respect to transfers from the account. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

TRICORBRAUN 401(k) PLAN

Notes to Financial Statements

December 31, 2022 and 2021

NOTE I – 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 such investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE J –AMENDMENTS

The Plan was amended and restated with the OneAmerica non-standardized pre-approved plan document effective July 15, 2022. There were no significant operational changes as a result of the amendment and restatement.

The Plan sponsor acquired SGB Packaging Group, Inc., Zuckerman-Honickman LLC and its subsidiary Delta Industries International, Inc. during 2021. The Plan was amended in 2022 to include the acquired companies as participating employers. The Company also acquired the PBFY Flexible Packaging division of Pacific Western Sales during April 2022 and amended the Plan to give the employees service credit for time worked with the former employer.

NOTE K – RECENT LEGISLATION

The SECURE 2.0 Act of 2022 (Act) was signed into law in December 2022 to increase retirement savings and improve retirement rules, among other provisions. Formal Plan amendments required by the Act are generally not required to be made until the end of the first plan year beginning on or after January 1, 2025.

NOTE L – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Benefits paid to participants per the financial statements	\$11,351,466
Stop-payments on distribution checks reissued in 2023, recorded as other income per Form 5500	<u>63,558</u>
Benefits paid to participants per Form 5500	<u>\$ 11,415,024</u>

SUPPLEMENTAL SCHEDULES

TRICORBRAUN 401(k) PLAN
E.I.N. 43-0696986 P.N. 002

Schedule H, Line 4I - Schedule of Assets Held at End of Year
(Modified Cash Basis)
December 31, 2022

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment/Asset	(e) Current Value
	Cash		\$ 73,044
*	American United Life Insurance Company	AUL Stable Value Account	10,289,255
	American Beacon	Small Cap Value Fund	974,628
	Dimensional Fund Advisors	DFA Emerging Markets Portfolio	466,609
	Federated Investors	Federated Hermes MDT Small Cap Growth Fund	344,044
	Fidelity Investments	Fidelity Advisor Total Bond Fund	1,151,996
	Goldman Sachs	Small / Mid Cap Growth Fund	1,261,740
	Harbor	Capital Appreciation Fund	1,154,952
	Thornburg	Limited Term Income Fund	505,859
	TIAA-CREF	Lifecycle Index 2015 Fund	1,327,515
	TIAA-CREF	Lifecycle Index 2020 Fund	2,683,008
	TIAA-CREF	Lifecycle Index 2025 Fund	7,947,144
	TIAA-CREF	Lifecycle Index 2030 Fund	10,036,085
	TIAA-CREF	Lifecycle Index 2035 Fund	6,582,940
	TIAA-CREF	Lifecycle Index 2040 Fund	6,445,839
	TIAA-CREF	Lifecycle Index 2045 Fund	4,354,922
	TIAA-CREF	Lifecycle Index 2050 Fund	5,988,349
	TIAA-CREF	Lifecycle Index 2055 Fund	2,332,863
	TIAA-CREF	Lifecycle Index 2060 Fund	640,409
	TIAA-CREF	Lifecycle Index Retirement Income Fund	563,394
	Vanguard	Balanced Index Fund	2,133,410
	Vanguard	Extended Market Index Fund	10,156,717
	Vanguard	FTSE All-World Ex-US Index Fund	4,104,405
	Vanguard	FTSE All-World Ex-US Small-Cap Index Fund	125,032
	Vanguard	Growth Index Fund	4,313,911
	Vanguard	Inflation-Protected Securities Fund	1,036,467
	Vanguard	Institutional Index Fund	13,644,613
	Vanguard	International Growth Fund	1,051,451
	Vanguard	International Value Fund	377,657
	Vanguard	Real Estate Index Fund	2,402,635
	Vanguard	Selected Value Fund	732,433
	Vanguard	Small-Cap Growth Index Fund	1,931,834
	Vanguard	Small-Cap Index Fund	513,450
	Vanguard	Small-Cap Value Index Fund	1,524,858
	Vanguard	Total Bond Market Index Fund	3,414,082
	Vanguard	Total Stock Market Index Fund	1,514,575
	Vanguard	Value Index Fund	5,670,050
	Vanguard	Wellington Fund	1,616,782
	Vanguard	Windsor II Fund	1,253,668
	Metropolitan Life Insurance Company	Value of life insurance policies	99,988
*	Notes Receivable from Participants	Various Maturity Dates - Interest rates range from 4.25% - 8.00%	1,047,653
			<u>\$ 123,790,266</u>

* Indicates a party-in-interest to the Plan.

TRICORBRAUN 401(k) PLAN
E.I.N. 43-0696986 P.N. 002

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
(Modified Cash Basis)
December 31, 2022

Participant Contributions Contributions Transferred Late to Plan:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included:	\$ 58,533	\$ 5,626	\$ -	\$ -

Attachment to 2022 Form 5500
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Plan Name TricorBraun 401(k) Plan EIN: 43-0696986
 Plan Sponsor's Name TricorBraun, Inc. PN: 002

	Total that Constitute Nonexempt Prohibited Transactions	
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Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☒	\$58,533	\$5,626	\$0	\$0

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

SPONSOR: TRICORBRAUN INC.
EIN: 43-0696986
PLAN NUMBER: 002
NAME: TRICORBRAUN 401(K) PLAN

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
Guaranteed Investment Contract				
* AUL Stable Value Account Series A	8,513,458.264	AUL Stable Value Account Series A	10,202,514.10	10,289,254.98
Participant Loans				
Master Participant Loan	1,047,653.06	Master Participant Loan Interest rate range 4.25% - 8.00%	1,047,653.06	1,047,653.06
Value of Interest in Registered Investment Companies				
American Beacon Small Cap Value Fund R6	43,471.358	American Beacon Small Cap Value Fund	197,798.67	974,627.85
DFA Emerging Markets I	18,508.878	DFA Emerging Markets I	568,429.00	466,608.81
Federated Hermes MDT Small Cap Growth R6	16,914.656	Federated Hermes MDT Small Cap Growth	176,366.92	344,044.10
Fidelity Advisor® Total Bond Z	123,604.676	Fidelity Advisor® Total Bond Z	1,340,167.26	1,151,995.58
Goldman Sachs Small/Mid Cap Growth Fund R6	65,647.232	Goldman Sachs Small/Mid Cap Growth Fund	689,332.30	1,261,739.80
Harbor Capital Appreciation Fund R	18,364.638	Harbor Capital Appreciation Fund R	1,794,397.02	1,154,952.08
Thornburg Invt Tr Ltd Tr Incm R6	40,533.595	Thornburg Invt Tr Ltd Tr Incm R6	553,017.31	505,859.27
TIAA-CREF Lifecycle Index 2015 Instl	84,393.815	TIAA-CREF Lifecycle Index 2015 Instl	1,573,119.98	1,327,514.71
TIAA-CREF Lifecycle Index 2020 Instl	158,196.245	TIAA-CREF Lifecycle Index 2020 Instl	3,158,169.13	2,683,008.32
TIAA-CREF Lifecycle Index 2025 Instl	429,111.466	TIAA-CREF Lifecycle Index 2025 Instl	9,181,112.45	7,947,144.35
TIAA-CREF Lifecycle Index 2030 Instl	500,552.858	TIAA-CREF Lifecycle Index 2030 Instl	1,855,754.34	10,036,084.80
TIAA-CREF Lifecycle Index 2035 Instl	306,183.255	TIAA-CREF Lifecycle Index 2035 Instl	7,791,436.63	6,582,939.98
TIAA-CREF Lifecycle Index 2040 Instl	284,208.088	TIAA-CREF Lifecycle Index 2040 Instl	7,663,451.06	6,445,839.44
TIAA-CREF Lifecycle Index 2045 Instl	185,948.840	TIAA-CREF Lifecycle Index 2045 Instl	5,146,888.74	4,354,921.83
TIAA-CREF Lifecycle Index 2050 Instl	252,779.621	TIAA-CREF Lifecycle Index 2050 Instl	7,244,333.96	5,988,349.22
TIAA-CREF Lifecycle Index 2055 Instl	122,203.398	TIAA-CREF Lifecycle Index 2055 Instl	2,738,282.97	2,332,862.87
TIAA-CREF Lifecycle Index 2060 Instl	43,358.759	TIAA-CREF Lifecycle Index 2060 Instl	717,409.18	640,408.87
TIAA-CREF Lifecycle Index Ret Inc Instl	39,370.677	TIAA-CREF Lifecycle Index Ret Inc Ins	664,938.65	563,394.39
Vanguard Balanced Index Adm	53,806.043	Vanguard Balanced Index Adm	2,604,269.89	2,133,409.60
Vanguard Extended Market Index Instl	100,721.110	Vanguard Extended Market Index Instl	13,750,614.38	10,156,716.73
Vanguard FTSE All-Wld ex-US Idx Admiral	131,383.004	Vanguard FTSE All-Wld ex-US Idx Admiral	1,042,267.00	4,104,405.04
Vanguard FTSE All-World ex-US Small-Cap Index Fund Admiral Shares	4,912.849	Vanguard FTSE All-World ex-US Small-Cap	159,467.86	125,032.01
Vanguard Growth Index Admiral	39,317.449	Vanguard Growth Index Admiral	6,220,248.50	4,313,910.50
Vanguard Inflation-Protected Secs Adm	44,771.785	Vanguard Inflation-Protected Secs Adm	1,223,602.02	1,036,466.82
Vanguard Institutional Index I	42,423.321	Vanguard Institutional Index I	17,011,203.79	13,644,612.73
Vanguard International Growth Adm	11,631.100	Vanguard International Growth Adm	1,519,550.63	1,051,451.44
Vanguard International Value Inv	10,566.789	Vanguard International Value Inv	433,422.31	377,657.04
Vanguard Real Estate Index Admiral	20,558.181	Vanguard Real Estate Index Admiral	3,287,912.65	2,402,634.61
Vanguard Selected Value Inv	29,320.774	Vanguard Selected Value Inv	869,920.83	732,432.93
Vanguard Small Cap Growth Index Admiral	27,398.021	Vanguard Small Cap Growth Index Admiral	1,592,301.65	1,931,834.46
Vanguard Small Cap Index Adm	5,838.644	Vanguard Small Cap Index Adm	563,253.98	513,450.35
Vanguard Small Cap Value Index Admiral	22,342.235	Vanguard Small Cap Value Index Admiral	1,697,832.83	1,524,857.54
Vanguard Total Bond Market Index Adm	360,135.188	Vanguard Total Bond Market Index Adm	1,951,938.30	3,414,081.58
Vanguard Total Stock Mkt Idx Adm	16,268.260	Vanguard Total Stock Mkt Idx Adm	1,823,273.76	1,514,575.01
Vanguard Value Index Adm	103,543.650	Vanguard Value Index Adm	5,888,201.57	5,670,050.27
Vanguard Wellington™ Admiral™	24,374.818	Vanguard Wellington™ Admiral™	1,963,325.57	1,616,781.68
Vanguard Windsor™ II Admiral™	18,951.916	Vanguard Windsor™ II Admiral™	1,505,234.95	1,253,669.24
Value of Funds Held in Insurance Co. General Account (Unallocated Contracts)				
Metropolitan Life Insurance Company		Individual Policies	99,988.27	99,988.27

* A party-in-interest as defined by ERISA