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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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| | |
|--|--|
| Part I Annual Report Identification Information | |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>06/30/2022</u> | |
| <p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> the DFVC program</p> <p><input type="checkbox"/> special extension (enter description)</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p> | |

| | |
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| Part II Basic Plan Information —enter all requested information | |
| <p>1a Name of plan <u>ME DEVCO NC LIMITED 401K PROFIT SHARING PLAN AND TRUST</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ME DEVCO NC LIMITED</u></p> <p><u>3111 SPRINGBANK LANE, SUITE G</u> <u>CHARLOTTE, NC 28226</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>01/01/2015</u></p> <p>2b Employer Identification Number (EIN) <u>11-3751321</u></p> <p>2c Plan Sponsor's telephone number <u>980-819-9207</u></p> <p>2d Business code (see instructions) <u>446190</u></p> |

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 | <u>Filed with authorized/valid electronic signature.</u> | <u>11/06/2023</u> | <u>ANASTASIA DELLINGER</u> |
| | 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 <input checked="" type="checkbox"/> 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 | 5 110 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) 86 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0 |
| 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 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 06/30/2022

| | | |
|---|--|------------|
| A Name of plan <u>ME DEVCO NC LIMITED 401K PROFIT SHARING PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ME DEVCO NC LIMITED</u> | D Employer Identification Number (EIN) <u>11-3751321</u> | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

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

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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)

EPIC RETIREMENT PLAN SERVICES

16-1450952

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 38 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 5793 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 59 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **06/30/2022**

| | |
|---|--|
| A Name of plan ME DEVCO NC LIMITED 401K PROFIT SHARING PLAN AND TRUST | B Three-digit plan number (PN) ► 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ME DEVCO NC LIMITED | D Employer Identification Number (EIN) 11-3751321 |

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 | 3224 | 0 |
| 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) | 24103 | 0 |
| (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) | 3663 | 0 |
| (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) | 1270099 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 1301089 | 0 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 2928 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 2928 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1298161 | 0 |

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) | 14505 | |
| (B) Participants..... | 2a(1)(B) | 48500 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 63005 |
| 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) | 19 | |
| (F) Other..... | 2b(1)(F) | 2343 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 2362 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (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) | | -164657 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | -99290 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 52075 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3)..... | 2e(4) | | 52075 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | 14211 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4)..... | 2i(5) | | 14211 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 66286 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | -165576 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | 1132585 |

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: PRAGER METIS CPAS, PLLC

(2) EIN: 06-1667465

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

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

Part IV Compliance Questions

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

During the plan year:

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

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |

| | | Yes | No | Amount |
|---|-----------|-----|----|--------|
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | 4d | | X | |
| e Was this plan covered by a fidelity bond?..... | 4e | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 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.)..... | 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 0.

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) |
|---------------------------------|--------------|-------------|
| ONEDIGITAL POOLED EMPLOYER PLAN | 59-3708427 | 018 |
| | | |
| | | |
| | | |

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 06/30/2022

| | | |
|---|--|------------|
| A Name of plan <u>ME DEVCO NC LIMITED 401K PROFIT SHARING PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ME DEVCO NC LIMITED</u> | D Employer Identification Number (EIN) <u>11-3751321</u> | |

| | |
|---------------|----------------------|
| 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): 82-3967259

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____



Independent Auditor's Report

To the Administrative Committee of
ME Devco NC Limited 401(k) Profit Sharing Plan and Trust

Prager Metis CPAs, PLLC

10815 SIKES PLACE
SUITE 100
CHARLOTTE, NC 28277

T 704.841.9800
F 704.841.9802

www.pragermetis.com

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

We have performed audits of the financial statements of ME Devco NC Limited 401(k) Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ME Devco NC Limited 401(k) Profit Sharing Plan and Trust'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 8 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ME Devco NC Limited 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

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

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

Prager Metis CPAs, PLLC

Prager Metis CPAs, PLLC
Charlotte, North Carolina
October 13, 2023



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 152

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| SCHWAB BANK SAVINGS TICKER: RBS1CSBS | 0 | 0 | | 0 | 0 | | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| SCHWAB BANK SAVINGS TICKER: RBS1CSBS | 24,103 | 2,432 | 26,536 | | 26,535 | 26,536 | |

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|------------|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| TOTAL | 1,596,450 | 279,859 | 1,627,300 | -249,007 | 1,876,309 | 1,627,300 | -249,010 |



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 153

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
|------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|

REGULATED INVESTMENT COMPANIES

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| *AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *AMERICAN BEACON SMALL CAP VALUE R5 TICKER: AVFIX | 32 | 0 | 31 | -2 | 32 | 31 | -1 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
|------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| *AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX | 4,911 | 186 | 4,212 | -885 | 5,097 | 4,212 | -885 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 154

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *AMERICAN FUNDS NEW PERSPECTIVE R6 TICKER: RNP GX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *AMERICAN FUNDS NEW PERSPECTIVE R6 TICKER: RNP GX | 38 | 0 | 30 | -7 | 38 | 30 | -8 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *AMERICAN FUNDS NEW WORLD R6 TICKER: RNW GX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *AMERICAN FUNDS NEW WORLD R6 TICKER: RNW GX | 84,591 | 5,222 | 74,450 | -15,363 | 89,813 | 74,450 | -15,363 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 155

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *AMERICAN FUNDS WASHINGTON MUTUAL R6 TICKER: RWMGX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *AMERICAN FUNDS WASHINGTON MUTUAL R6 TICKER: RWMGX | 656 | 51 | 676 | -32 | 707 | 676 | -31 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX RTRMT K TICKER: LIRKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX RTRMT K TICKER: LIRKX | 277,504 | 25,820 | 273,204 | -30,120 | 303,324 | 273,204 | -30,120 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 156

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2025 K TICKER: LIBKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2025 K TICKER: LIBKX | 32,109 | 163 | 28,847 | -3,425 | 32,272 | 28,847 | -3,425 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2030 K TICKER: LINKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2030 K TICKER: LINKX | 29,610 | 2,541 | 28,708 | -3,443 | 32,151 | 28,708 | -3,443 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 157

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2035 K TICKER: LIJKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2035 K TICKER: LIJKX | 123,672 | 9,364 | 118,395 | -14,642 | 133,036 | 118,395 | -14,641 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2040 K TICKER: LIKKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2040 K TICKER: LIKKX | 39,647 | 1,361 | 37,169 | -3,838 | 41,008 | 37,169 | -3,839 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 158

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2045 K TICKER: LIHKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2045 K TICKER: LIHKX | 63,013 | 3,180 | 58,184 | -8,008 | 66,193 | 58,184 | -8,009 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2050 K TICKER: LIPKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2050 K TICKER: LIPKX | 126,153 | 17,065 | 126,078 | -17,140 | 143,218 | 126,078 | -17,140 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 159

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2055 K TICKER: LIVKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2055 K TICKER: LIVKX | 109,250 | 3,457 | 101,245 | -11,463 | 112,707 | 101,245 | -11,462 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *BLACKROCK LIFEPATH INDEX 2060 K TICKER: LIZKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *BLACKROCK LIFEPATH INDEX 2060 K TICKER: LIZKX | 51,469 | 3,801 | 48,496 | -6,775 | 55,270 | 48,496 | -6,774 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 160

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *DFA INFLATION PROTECT SEC PORT INSTL TICKER: DIPSX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *DFA INFLATION PROTECT SEC PORT INSTL TICKER: DIPSX | 2,281 | 33 | 2,289 | -25 | 2,314 | 2,289 | -25 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *DFA REAL ESTATE SECURITIES PORT INST TICKER: DFREX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *DFA REAL ESTATE SECURITIES PORT INST TICKER: DFREX | 9,904 | 460 | 9,094 | -1,270 | 10,364 | 9,094 | -1,270 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 161

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *EATON VANCE ATLANTA CAP SMID CAP R6 TICKER: ERASX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *EATON VANCE ATLANTA CAP SMID CAP R6 TICKER: ERASX | 91,050 | 590 | 83,303 | -8,337 | 91,640 | 83,303 | -8,337 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *ISHARES RUSSELL MID CAP INDEX K TICKER: BRMKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *ISHARES RUSSELL MID CAP INDEX K TICKER: BRMKX | 94,618 | 886 | 83,450 | -12,055 | 95,504 | 83,450 | -12,054 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 162

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *ISHARES RUSSELL 2000 SM CAP INDEX K TICKER: BDBKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *ISHARES RUSSELL 2000 SM CAP INDEX K TICKER: BDBKX | 34 | 0 | 29 | -6 | 34 | 29 | -5 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *ISHARES S&P 500 INDEX FD K TICKER: WFSPX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *ISHARES S&P 500 INDEX FD K TICKER: WFSPX | 13,685 | 2,369 | 14,176 | -1,879 | 16,054 | 14,176 | -1,878 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 163

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|---|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *MFS GROWTH FUND CL R6 TICKER: MFEKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|---|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *MFS GROWTH FUND CL R6 TICKER: MFEKX | 108,460 | 3,577 | 86,208 | -25,829 | 112,037 | 86,208 | -25,829 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *MFS MID CAP VALUE FD CL R6 TICKER: MVCKX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|------------------|---------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *MFS MID CAP VALUE FD CL R6 TICKER: MVCKX | 40 | 31 | 69 | -2 | 71 | 69 | -2 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
 REPORTING PERIOD: 12/31/21 TO 12/31/22
 PAGE : 164

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *PGIM HIGH YIELD FUND Z TICKER: PHYZX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | Held at Start | Obtained in Period | -----COMBINED----- | | -----TOTAL HELD + OBTAINED----- | | |
|--|------------------|--------------------|--------------------|--------------------|---------------------------------|--------------------|--------------------|
| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
| *PGIM HIGH YIELD FUND Z TICKER: PHYZX | 1,771 | 48 | 1,720 | -99 | 1,819 | 1,720 | -99 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *PIMCO INTL BOND US DOLLAR HEDGE INST TICKER: PFORX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | Held at Start | Obtained in Period | -----COMBINED----- | | -----TOTAL HELD + OBTAINED----- | | |
|--|------------------|--------------------|--------------------|--------------------|---------------------------------|--------------------|--------------------|
| ASSET NAME | BEGINNING MARKET | PURCHASE COST | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
| *PIMCO INTL BOND US DOLLAR HEDGE INST TICKER: PFORX | 31 | 0 | 29 | -2 | 31 | 29 | -2 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

ME DEVCO NC LMTD 401K PSP AND TRUST
 ACCOUNT NUMBER: 216718
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5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 216718

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><-ASSETS OBTAINED IN PERIOD-><-TOTAL HELD + OBTAINED->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|--|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| *WESTERN ASSET CORE PLUS BD FD IS TICKER: WAPSX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | HELD AT START | OBTAINED IN PERIOD | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|--|---------------|--------------------|---------------|--------------------|-----------------|--------------------|--------------------|
| *WESTERN ASSET CORE PLUS BD FD IS TICKER: WAPSX | 58 | 0 | 50 | -8 | 58 | 50 | -8 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/21 - 12/31/22

<---ASSETS HELD AT START---><-ASSETS OBTAINED IN PERIOD-><-TOTAL HELD + OBTAINED->

| ASSET NAME | BEGINNING MARKET | ENDING MARKET | UNREAL GAIN/LOSS | PURCHASE COST | ENDING MARKET | UNREAL GAIN/LOSS | TOTAL VALUE | AGGREGATE MARKET | TOTAL UNREAL |
|------------------------------|------------------|---------------|------------------|---------------|---------------|------------------|-------------|------------------|--------------|
| ** GRAND TOTAL ALL ASSETS ** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ASSETS DISPOSED DURING PERIOD 12/31/21 - 12/31/22

| ASSET NAME | HELD AT START | OBTAINED IN PERIOD | SALE PROCEEDS | REALIZED GAIN/LOSS | AGGREGATE COSTS | AGGREGATE PROCEEDS | REALIZED GAIN/LOSS |
|------------------------------|---------------|--------------------|---------------|--------------------|-----------------|--------------------|--------------------|
| ** GRAND TOTAL ALL ASSETS ** | 1,288,690 | 82,637 | 1,206,678 | -164,655 | 1,371,327 | 1,206,678 | -164,650 |

* - FOR THIS ASSET, AVERAGE PRICES WERE USED