

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 U.S. DIGESTIVE HEALTH RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2020
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) RGI MANAGEMENT COMPANY LLC 2112 HARRISBURG PIKE LANCASTER, PA 17604 707 EAGLEVIEW BLVD SUITE 100 EXTON, PA 19341	2b Employer Identification Number (EIN) 83-4061415 2c Plan Sponsor's telephone number 610-234-7916 2d Business code (see instructions) 621111

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.	11/07/2023	ANNE BEESON
	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		5 826
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) 653
a(2) Total number of active participants at the end of the plan year		6a(2) 864
b Retired or separated participants receiving benefits		6b 3
c Other retired or separated participants entitled to future benefits.....		6c 179
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1046
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1046
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1041
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 144
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: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan U.S. DIGESTIVE HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RGI MANAGEMENT COMPANY LLC	D Employer Identification Number (EIN) 83-4061415	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65 71	RECORDKEEPER	70974	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLS FARGO CLEARING SERVICES LLC

23-2384840

(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	ADVISOR	65550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
INVESCO SENIOR FLOATING RATE Y 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
INVESCO DEVELOPING MARKETS A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ALGER SMALL CAP FOCUS CLASS Z 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CAPITAL WORLD GRWTH & INC 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
FULLER & THALER BEHVMD CAP VALUE 411 BOREL AVE STE 300 SAN MATEO, CA 94402	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
CARILLON EAGLE MID CAP GROWTH FUND P. O. BOX 33022 ST PETERSBURG, FL 33733-8022	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COLUMBIA LARGE CAP GROWTH OPP CL I 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COLUMBIA GLOBAL TECH GROWTH CL I2 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
CONESTOGA SMALL CAP INVESTOR CLASS 225 PICTORIA DR STE 450 CINCINNATI, OH 45246	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
DELAWARE VALUE FUND INSTITUTIONAL	2005 MARKET ST PHILADELPHIA, PA 19103	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
EATON VANCE HIGH INCOME OPPT CL I	TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
EATON VANCE SHT DUR STRATEGIC INC	TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
FEDERATED HERMES HIGH INC BOND CL 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
FEDERATED HERMES INSTL HIGH YLD BD 4000 ERICSSON DR WARRENDALE, PA 15086-7515	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS ABSOLU RETURN TRACKE 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.12%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
JOHN HANCOCK DISCIPLINED VALUE I 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
JPMORGAN CORE BOND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
JPMORGAN DIVERS MID CAP GROWTH CLA 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
LORD ABBETT SHORT DURATION INCOME 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN NEW WORLD FUND CL F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
TOUCHSTONE FOCUSED CLASS Y 303 BROADWAY STE 1100 CINCINNATI, OH 45202-4203	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VICTORY TRIVALENT INTL SMALL CAP A 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VICTORY TRIVALENT INTL SMALL CAP I 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ALLSPRING SPECIAL MID CAP VLUE INS 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ALLSPRING SMALL COMPANY GRTH INST 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.10%

(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>U.S. DIGESTIVE HEALTH RETIREMENT 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>RGI MANAGEMENT COMPANY LLC</u>		D Employer Identification Number (EIN) <u>83-4061415</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2685873	2899512
(2) Participant contributions.....	1b(2)	31722	12091
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1409756	1576484
(2) U.S. Government securities	1c(2)	0	549015
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	323832	431603
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	3471709	2058264
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	40227	14914
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	70666208	68933457
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	479854	495

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	79109181	76475835

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	43220	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	43220	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	79065961	76475835
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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 Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5064600	
(B) Participants.....	2a(1)(B)	4928296	
(C) Others (including rollovers).....	2a(1)(C)	6525763	
(2) Noncash contributions.....	2a(2)	0	16518659
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22328	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	15115	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	836	
(F) Other.....	2b(1)(F)	11347	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49626
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	13845	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1636256	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1650101
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1067897	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1265724	
(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)	0	
(B) Other.....	2b(5)(B)	-1742601	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-14407953
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1870005
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4306131	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4306131
f Corrective distributions (see instructions)	2f		17601
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	136399	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		136399
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4460131
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2590126
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: HERBEIN & COMPANY INC.

(2) EIN: 23-2415793

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		12091

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan U.S. DIGESTIVE HEALTH RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 RGI MANAGEMENT COMPANY LLC		D Employer Identification Number (EIN) 83-4061415
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
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): 04-6568107		
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
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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 _____

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

Years Ended December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

**To the Administrative Committee and Participants
U.S. Digestive Health Retirement Plan
Exton, Pennsylvania**

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the U.S. Digestive Health Retirement 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 9 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 the U.S. Digestive Health Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 U.S. Digestive Health Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the U.S. Digestive Health Retirement 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 U.S. Digestive Health Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of and for the year ended 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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, are 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).

Herbein + Company, Inc.

Reading, Pennsylvania
October 16, 2023

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2022	2021
ASSETS		
Investments at fair value (see Note 3)	\$ 73,549,318	\$ 76,351,359
Receivables:		
Employer contributions	2,899,512	2,685,873
Participant contributions	12,091	31,722
Notes receivable from participants	14,914	40,227
	<u>2,926,517</u>	<u>2,757,822</u>
Total receivables	<u>2,926,517</u>	<u>2,757,822</u>
TOTAL ASSETS	76,475,835	79,109,181
LIABILITIES		
Deferred participant contributions	-	26,723
Excess contributions payable	-	16,497
	<u>-</u>	<u>43,220</u>
TOTAL LIABILITIES	-	43,220
NET ASSETS AVAILABLE FOR BENEFITS	\$ 76,475,835	\$ 79,065,961

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2022

ADDITIONS:

Investment income:	
Interest and dividends	\$ 1,395,053
Interest income on notes receivable from participants	836
Contributions:	
Participants	4,928,296
Employer (see Note 1)	5,064,600
Rollovers (see Note 4)	6,525,763
Total contributions	16,518,659
Total additions	17,914,548

DEDUCTIONS:

Net depreciation in fair value of investments	16,044,543
Benefits paid to participants	4,323,732
Administrative expenses	136,399
Total deductions	20,504,674
NET DECREASE	(2,590,126)

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	79,065,961
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 76,475,835

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF PLAN

The following description of the U.S. Digestive Health Retirement Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a safe harbor nonelective contribution plan covering a large portion of the employees of RGI Management Company LLC (the “Company”) excluding per diem and part-time employees. Participants of legacy plans acquired by the Company become employees of the Company at date of acquisition or upon credentialing as applicable. The majority of the Company’s employees are eligible to participate in the Plan upon date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Administrative Committee is responsible for oversight of the Plan, the appropriateness of the Plan’s offerings, and monitors investment performance.

Contributions

Each year participants may contribute up to 80% of eligible compensation, on a pre-tax or after-tax basis in accordance with the Roth provision, as defined in the Plan. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation with annual 1% increases up to 10%, and their contributions are invested in a designated balanced fund until changed by the participant. The Company makes safe harbor matching contributions equal to 100% of elective salary deferral contributions up to 3%. The Company may make discretionary matching and nonelective profit-sharing contributions for each active participant based on a percentage of the employee’s eligible compensation. In order to participate in the Company’s discretionary matching, an employee must be employed on the last day of the plan year and have completed at least 1,000 hours of service. There are no continuing eligibility requirements to participate in the Company’s nonelective profit-sharing. Additionally, the Company may also make qualified nonelective contributions. Nonelective profit-sharing contributions for 2022 were \$2,878,918. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and the safe harbor matching contributions as well as allocations of the Company’s discretionary matching contributions and nonelective profit-sharing contributions and plan earnings. Participant accounts are charged with an allocation of certain administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Vesting

Participants are immediately vested in their contributions, the safe harbor matching contributions, and qualified nonelective contributions, plus actual earnings thereon. Nonelective profit-sharing contributions plus actual earnings thereon vest based on years of service and are fully vested after two years of service. The Company's discretionary matching contributions plus actual earnings thereon vest based on years of service and are fully vested after three years of service. Participants who had employer contributions under a legacy Plan that subsequently merged into the Plan follow legacy Plan provisions with respect to vesting.

Notes Receivable from Participants

Participants from a legacy plan were able to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate was based on the rates available for similar loans from commercial lending institutions, as defined. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan does not allow for new loans to be issued to participants.

Payment of Benefits

On termination of service for any reason, a participant may elect to receive either a lump-sum amount up to the value of the participant's vested interest in his or her account or as a monthly annuity. In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$161,571 and \$47,319, respectively. These accounts will be used to pay future administrative expenses of the Plan. Any remaining forfeitures will then be used to reduce future employer contributions to the Plan. No forfeitures were used during 2022.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 3 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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment Concentration

The Plan holds certain investments that represent 10% or more of the Plan's total investments at December 31:

	2022	2021
<i>Mutual funds:</i>		
Fidelity 500 Index Fund	\$ 8,927,522	\$ 7,857,447
Fidelity Freedom Index 2035 Investor	7,905,635	*
Fidelity Freedom Index 2040 Investor	7,640,634	7,658,040

*Investment did not represent 10% or more of the Plan's investments in respective year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. Delinquent participant loans are recorded as distributions based on the terms of the Plan.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan did not distribute the 2021 excess contributions to the applicable participants prior to March 15, 2022.

Payment of Benefits

Benefits are recorded when paid.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 16, 2023, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under 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.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

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

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

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

Corporate bonds & government securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Money market funds: Valued at a stable \$1.00 per share which approximates fair value. The money market funds held by the Plan are actively traded.

Municipal bonds: Valued on the basis of a compilation of primarily observable market information or a broker quote in a nonactive market.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities 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.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

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

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 2,058,759	\$ -	\$ -	\$ 2,058,759
Corporate bonds	-	431,603	-	431,603
Money market funds	1,576,484	-	-	1,576,484
Government securities	-	549,015	-	549,015
Mutual funds	68,933,457	-	-	68,933,457
Investments at fair value	<u>\$ 72,568,700</u>	<u>\$ 980,618</u>	<u>\$ -</u>	<u>\$ 73,549,318</u>

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 3,471,709	\$ -	\$ -	\$ 3,471,709
Corporate bonds	-	323,832	-	323,832
Money market funds	1,409,756	-	-	1,409,756
Municipal bonds	-	479,854	-	479,854
Mutual funds	70,666,208	-	-	70,666,208
Investments at fair value	<u>\$ 75,547,673</u>	<u>\$ 803,686</u>	<u>\$ -</u>	<u>\$ 76,351,359</u>

NOTE 4 - ROLLOVERS CONTRIBUTIONS

On October 5, 2022, the Company acquired Delaware Center for Digestive Care, LLC and approved amendments to terminate the Delaware Center for Digestive Care Cash, LLC Balance Plan and the Delaware Center for Digestive Care, LLC 401(k) Plan effective September 20, 2022. All participants in the Delaware Center for Digestive Care Cash, LLC Balance Plan and the Delaware Center for Digestive Care, LLC 401(k) Plan became 100% vested in those plans upon termination and were provided the option to have their account balance rolled into any qualified plan (including the Plan) or IRA, receive a lump sum distribution, or be paid through an annuity contract. An aggregate of \$5,540,114 was rolled into the Plan during the year ended December 31, 2022, and is included in rollovers on the statement of changes in net assets available for benefits.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds and money market accounts managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Other transactions, which may have been considered related-party or party-in-interest transactions, related to normal plan management and administrative services.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Company has adopted a non-standardized pre-approved profit-sharing plan with a cash or deferred arrangement in consultation with Fidelity Management and Research Company. The non-standardized pre-approved profit-sharing plan has received an opinion letter from the IRS dated June 30, 2020, as to the non-standardized pre-approved profit-sharing plan's qualified status. The non-standardized pre-approved profit-sharing plan opinion letter has been relied upon by the Plan. The Administrative Committee and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, (the trustee of the Plan).

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, the Company erroneously failed to remit certain employee deferrals to the Plan aggregating \$12,091. These deferrals are included in the Plan's receivables at December 31, 2022. The Company has not corrected the delinquent participant contributions as of the date of these financial statements.

SUPPLEMENTARY INFORMATION

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2022

EIN 83-4061415

PLAN No. 002

Participant 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	
\$ 12,091	\$ 12,091	\$ -	\$ -	\$ -

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

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

December 31, 2022

EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
MONEY MARKET ACCOUNTS				
*	Fidelity Cash Reserves	Money Market	**	\$ 568,920
*	Fidelity Government Money Market K6	Money Market	**	1,007,564
TOTAL MONEY MARKET ACCOUNTS				1,576,484
COMMON STOCK				
	E Health Incorporated	Common Stock	**	48
	First Solar Incorporated	Common Stock	**	2,247
	General Motors Company	Common Stock	**	2,358
	Hut 8 Mining Corporation	Common Stock	**	214
	Intuit Incorporated	Common Stock	**	784
	MP Materials Corporation Class A	Common Stock	**	971
	Madison Square Garden Entertainment Corporation Class A	Common Stock	**	1,574
	Marathon Digital Holdings Incorporated	Common Stock	**	127
	Marvell Technology Incorporated	Common Stock	**	857
	The Trade Desk Incorporated	Common Stock	**	4,035
	The Toro Company	Common Stock	**	1,153
	Trimble Incorporated	Common Stock	**	607
	Uber Technologies Incorporated	Common Stock	**	495
	Upstart Holdings Incorporated	Common Stock	**	79
	Voyager Digital Ltd	Common Stock	**	8
	Wesco International Incorporated	Common Stock	**	1,252
	Xpeng Incorporated	Common Stock	**	249
	Airbnb Incorporated	Common Stock	**	684
	AppHarvest Incorporated	Common Stock	**	85
	Asana Incorporated Class A	Common Stock	**	138
	AstraZeneca Plc	Common Stock	**	11,458
	Atkore Incorporated	Common Stock	**	5,671
	Blackline Incorporated	Common Stock	**	1,345
	Bilibili Incorporated Class A	Common Stock	**	237
	Biogen Incorporated	Common Stock	**	2,769
	Brookfield Renewable Corp	Common Stock	**	570
	Builders First Source Incorporated	Common Stock	**	12,976
	C3 ai Incorporated Class A	Common Stock	**	224
	Castle Bioscience Incorporated	Common Stock	**	235
	Ceva Incorporated	Common Stock	**	512
	Cognex Corp	Common Stock	**	712
	Compass Pathways Plc	Common Stock	**	161
	CuriosityStream Incorporated Class A	Common Stock	**	57
	DermTech Incorporated	Common Stock	**	27
	Digital World Acquisition Corp	Common Stock	**	1,225
	DigitalOcean Holdings Incorporated	Common Stock	**	2,369
	Docebo Incorporated	Common Stock	**	331
	Maxlinear Incorporated	Common Stock	**	1,698
	Mercadolibre Incorporated	Common Stock	**	26,233
	Nextera Energy Incorporated	Common Stock	**	1,305

See independent auditor's report.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

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

December 31, 2022

EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	On Semiconductor Corp	Common Stock	**	1,247
	Kyndryl Holdings Incorporated	Common Stock	**	445
	Outset Medical Incorporated	Common Stock	**	258
	Palo Alto Networks Incorporated	Common Stock	**	1,674
	Procore Technologies Incorporated	Common Stock	**	472
	Progyny Incorporated	Common Stock	**	312
	Electronic Arts Incorporated	Common Stock	**	579
	Signet Jewelers Limited	Common Stock	**	6,800
	VIncorporatedi Partners Investments Ltd	Common Stock	**	500
	ASML Holding NV	Common Stock	**	1,109
	The Scotts Miracle-Gro Company	Common Stock	**	255
	SolarEdge Technologies	Common Stock	**	1,133
	Synaptics Incorporated	Common Stock	**	952
	TPI Composites Incorporated	Common Stock	**	345
	East West Ban Corporation Incorporated	Common Stock	**	3,295
	Electronics Arts	Common Stock	**	11,019
	Endava	Common Stock	**	3,825
	Epam Sys Incorporated	Common Stock	**	1,639
	Facebook Incorporated	Common Stock	**	13,237
	Fastly Incorporated	Common Stock	**	1,884
	Fidelity National Information Services	Common Stock	**	3,393
	First Republic Bank San Francisco	Common Stock	**	12,189
	Fiserv Incorporated	Common Stock	**	10,107
	fuboTV Incorporated	Common Stock	**	52
	Fulgent Genetics Incorporated	Common Stock	**	596
	Generac Holdings Incorporated	Common Stock	**	2,919
	General Electric Co	Common Stock	**	6,284
	Gilead Sciences Incorporated	Common Stock	**	5,751
	Global Payments Incorporated	Common Stock	**	4,966
	Guidewire Software Incorporated	Common Stock	**	3,128
	Heico Corporation	Common Stock	**	7,682
	Home Depot Incorporated	Common Stock	**	5,082
	Honeywell International Incorporated	Common Stock	**	2,260
	Hubspot Incorporated	Common Stock	**	2,891
	Intel Corporation	Common Stock	**	1,436
	International Business Machinery	Common Stock	**	28,178
	JPMorgan Chase & Co	Common Stock	**	5,833
	Johnson & Johnson	Common Stock	**	3,795
	Lam Research Corporation	Common Stock	**	5,184
	Lemonade Incorporated	Common Stock	**	479
	Liveperson Incorporated	Common Stock	**	456
	Luckin Coffee Incorporated	Common Stock	**	1,101
	Lumentum Holdings Incorporated	Common Stock	**	2,348
	Twilio Incorporated Class A	Common Stock	**	27,907
	United Bankshares Incorporated	Common Stock	**	4,049
	Unity Software Incorporated	Common Stock	**	686
	Universal Display Corporation	Common Stock	**	2,200

See independent auditor's report.

U.S. DIGESTIVE HEALTH RETIREMENT PLAN

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

December 31, 2022

EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	Vail Resorts Incorporated	Common Stock	**	3,687
	Verizon Communications	Common Stock	**	14,578
	Viavi Solutions Incorporated	Common Stock	**	526
	Viatrix Incorporated	Common Stock	**	1,503
	Visa Incorporated Class A	Common Stock	**	31,164
	VMware Incorporated Class A	Common Stock	**	6,138
	Wal-Mart Stores Incorporated	Common Stock	**	3,705
	Wingstop Incorporated	Common Stock	**	1,498
	Yum! Brands Incorporated	Common Stock	**	6,404
	Zebra Technologies Corporation Class A	Common Stock	**	769
	Zscaler Incorporated	Common Stock	**	6,714
	Zoom Video Communications Incorporated	Common Stock	**	1,829
	Adobe Systems Incorporated	Common Stock	**	2,356
	Advanced Micro Devices Incorporated	Common Stock	**	14,729
	Alarm.com Holdings Incorporated	Common Stock	**	990
	Alibaba Group Holding Ltd	Common Stock	**	2,819
	Alphabet Incorporated Capital Stock Class C	Common Stock	**	7,098
	Alphabet Incorporated Capital Stock Class A	Common Stock	**	40,586
	Alteryx Incorporated Class A	Common Stock	**	253
	Amazon Incorporated	Common Stock	**	64,764
	Appian Corporation Class A	Common Stock	**	1,856
	Appfolio Incorporated Class A	Common Stock	**	2,108
	Apple Computer Incorporated	Common Stock	**	150,682
	Aurora Cannabis Incorporated	Common Stock	**	92
	Autodesk Incorporated	Common Stock	**	3,364
	Autohome Incorporated	Common Stock	**	1,530
	Axon Enterprise Incorporated	Common Stock	**	3,650
	Bandwidth Incorporated Class A	Common Stock	**	161
	Barrick Gold Corporation	Common Stock	**	3,740
	Berkshire Hathaway Incorporated Del Class B New	Common Stock	**	29,037
	Blackstone Group Incorporated Class A	Common Stock	**	7,419
	Boston Omaha Corporation	Common Stock	**	14,045
	CDW Corporation	Common Stock	**	4,465
	CVS Corporation	Common Stock	**	9,319
	Cadence Design Systems Incorporated	Common Stock	**	1,606
	Canadian National Railway Co	Common Stock	**	1,231
	Canopy Growth Corporation	Common Stock	**	231
	Carrier Global Corporation	Common Stock	**	1,238
	Cerence Incorporated	Common Stock	**	463
	Chegg Incorporated	Common Stock	**	379
	Citigroup Incorporated	Common Stock	**	2,262
	Clorox Co Del	Common Stock	**	1,502
	Cloudflare Incorporated Class A	Common Stock	**	3,119
	Copart Incorporated	Common Stock	**	12,178
	Costco Wholesale Corporation	Common Stock	**	7,175
	CrowdStrike Holdings Incorporated Class A	Common Stock	**	33,166
	Datadog Incorporated Class A	Common Stock	**	23,153

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December 31, 2022

EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	Disney Walt Co Del (Holding Company)	Common Stock	**	12,598
	Docusign Incorporated	Common Stock	**	1,386
	Draftkings Incorporated Class A	Common Stock	**	2,278
	Mastercard Incorporated Class A	Common Stock	**	15,721
	Mckesson Corporation	Common Stock	**	3,830
	Merck & Co Incorporated	Common Stock	**	16,643
	Microsoft Corporation	Common Stock	**	45,817
	Moderna Incorporated	Common Stock	**	7,185
	MongoDB Incorporated Class A	Common Stock	**	6,299
	Netflix Incorporated	Common Stock	**	2,949
	NVIDIA Corporation	Common Stock	**	79,973
	Occidental Petroleum Corporation	Common Stock	**	6,299
	Okta Incorporated Class A	Common Stock	**	957
	Old Dominion Freight Lines Incorporated	Common Stock	**	1,429
	Paylocity Holding Corporation	Common Stock	**	19,426
	Paypal Holdings Incorporated	Common Stock	**	13,104
	Penn National Gaming Incorporated	Common Stock	**	2,228
	Perficient Incorporated	Common Stock	**	13,966
	Qorvo Incorporated	Common Stock	**	2,175
	Raytheon Technologies Corporation	Common Stock	**	3,028
	Redfin Corporation	Common Stock	**	127
	Regeneron Pharmaceuticals	Common Stock	**	1,443
	Ringcentral Incorporated	Common Stock	**	2,301
	Roche Holding Ltd Adr	Common Stock	**	785
	Accenture PLC Class A	Common Stock	**	5,533
	Medtronic PLC	Common Stock	**	7,772
	Crispr Therapeutics AG	Common Stock	**	407
	Logitech International S.A.	Common Stock	**	636
	Globant SA	Common Stock	**	4,036
	Spotify Technology S.A.	Common Stock	**	790
	Fiverr International Ltd	Common Stock	**	1,428
	Wix.com Ltd	Common Stock	**	384
	Elastic N V	Common Stock	**	1,030
	AT&T Incorporated	Common Stock	**	16,219
	Abbott Laboratories	Common Stock	**	2,290
	Abbvie Incorporated	Common Stock	**	16,161
	Occidental Petroleum Corporation Wts Exp 08/03/2027	Common Stock	**	495
	Schrodinger Incorporated	Common Stock	**	280
	Roku Incorporated Class A	Common Stock	**	1,018
	SS&C Technologies Holdings Incorporated	Common Stock	**	15,618
	Salesforce Incorporated	Common Stock	**	3,845
	Sea Limited	Common Stock	**	1,041
	Servicenow Incorporated	Common Stock	**	11,648
	Shopify Incorporated	Common Stock	**	3,471
	Snowflake Incorporated Class A	Common Stock	**	3,014
	Splunk Incorporated	Common Stock	**	1,722
	Square Incorporated Class A	Common Stock	**	8,483

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

December 31, 2022

EIN 83-4061415		PLAN NO. 002		
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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	Synopsys Incorporated	Common Stock	**	15,965
	Taiwan Semiconductor Manufacturing Co Ltd.	Common Stock	**	4,644
	Target Corporation	Common Stock	**	5,492
	Teladoc Incorporated	Common Stock	**	473
	Tencent Holdings Limited	Common Stock	**	2,568
	Teradyne Incorporated	Common Stock	**	3,527
	Tesla Motors Incorporated	Common Stock	**	533,805
	3M Company	Common Stock	**	5,903
	Trulieve Cannabis Corporation	Common Stock	**	379
	Atlassian Corporation	Common Stock	**	14,155
	Bill.com Holdings Incorporated	Common Stock	**	327
	Cytrx Corporation	Common Stock	**	1,841
	Eyenovia Incorporated	Common Stock	**	15,811
	Immunitybio Incorporated	Common Stock	**	96,837
	Obseva	Common Stock	**	22
	Micron Technology	Common Stock	**	4,998
	Ncino Incorporated	Common Stock	**	529
	New Oriental Ed & Technology Group Incorporated	Common Stock	**	2,612
	Outlook Therapeutics Incorporated	Common Stock	**	144,505
	Rumble Incorporated	Common Stock	**	504
	Siga Technologies Incorporated	Common Stock	**	1,656
	Silvergate Cap Corporation	Common Stock	**	870
	Vulcan Materials Company	Common Stock	**	8,756
	Warner Bros Discovery Incorporated	Common Stock	**	2,019
		TOTAL COMMON STOCK		2,058,759
CORPORATE BONDS				
	Capital One Financial Corporation Note	Corporate Bond, 3.300% maturing 10/30/2024 Par Value \$30,000	**	28,955
	L-3 Communications Corporation Note	Corporate Bond, 3.950% maturing 5/28/2024 Par Value \$25,000	**	24,561
	Marriott International Note	Corporate Bond, 4.650% maturing 12/01/2028 Par Value \$25,000	**	24,004
	General Motors Financial Company Incorporated Note	Corporate Bond, 4.150% maturing 6/19/2023 Par Value \$20,000	**	19,893
	Bank Of Nova Scotia Note	Corporate Bond, 4.500% maturing 12/16/2025 Par Value \$20,000	**	19,601

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December 31, 2022

EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	Southern California Edison Company Note	Corporate Bond, 0.700% maturing 8/1/2023 Par Value \$20,000	**	19,483
	General Electric Capital Corporation Note	Corporate Bond, 3.100% maturing 5/15/2026 Par Value \$20,000	**	18,422
	Bank Of America Corporation Note	Corporate Bond, 4.200% maturing 8/2/2024 Par Value \$16,000	**	15,752
	Boeing Company Note	Corporate Bond, 7.250% maturing 6/15/2025 Par Value \$15,000	**	15,692
	First American Financial Corporation Note	Corporate Bond, 4.300% maturing 2/1/2023 Par Value \$15,000	**	14,985
	Symetra Financial Corporation Note	Corporate Bond , 4.250% maturing 7/15/2024 Par Value \$15,000	**	14,709
	Goldman Sachs Group Incorporated Note	Corporate Bond, 4.250% maturing 10/21/2025 Par Value \$15,000	**	14,639
	Morgan Stanley Note	Corporate Bond, 4.350% maturing 9/8/2026 Par Value \$14,000	**	13,583
	Time Warner Cable Bond	Corporate Bond, 7.570% maturing 2/1/2024 Par Value \$12,000	**	12,207
	Wachovia Corporation Note	Corporate Bond, 6.605% maturing 10/1/2025 Par Value \$11,000	**	11,413
	General Electric Capital Corporation Note	Corporate Bond, 3.000% maturing 8/15/2025 Par Value \$11,000	**	10,299
	Brunswick Corporation Note	Corporate Bond, 7.375% maturing 9/1/2023 Par Value \$10,000	**	10,122

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EIN 83-4061415		PLAN NO. 002		
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	Citigroup Incorporated Note	Corporate Bond, 3.500% maturing 5/15/2023 Par Value \$10,000	**	9,952
	Goldman Sachs Group Incorporated Note	Corporate Bond, 4.000% maturing 3/3/24 Par Value \$10,000	**	9,874
	Citigroup Incorporated Bonds	Corporate Bond, 4.400% maturing 6/10/2025 Par Value \$10,000	**	9,815
	Bank Amer Corporation Note	Corporate Bond, 3.95% maturing 4/21/2025 Par Value \$10,000	**	9,732
	Catholic Health Initiatives Bond	Corporate Bond, 4.200% maturing 8/1/2023 Par Value \$9,000	**	8,934
	Bank Of Montreal Note	Corporate Bond, 1.000% maturing 2/10/2027 Par Value \$10,000	**	8,331
	Royal Bank of Canada Note	Corporate Bond, 3.970% maturing 7/26/2024 Par Value \$8,000	**	7,876
	Citizens Financial Group Incorporated Note	Corporate Bond, 4.350% maturing 8/1/2025 Par Value \$5,000	**	4,821
	Weyerhaeuser Company Note	Corporate Bond, 7.950% maturing 3/15/2025 Par Value \$4,000	**	4,182
	Citigroup Incorporated Note	Corporate Bond, 7.000% maturing 12/1/2025 Par Value \$2,000	**	2,087
	Abbvie Incorporated Note	Corporate Bond, 3.85% maturing 6/15/2024 Par Value \$20,000	**	19,691
	Altria Group Incorporated Note	Corporate Bond, 2.350% maturing 5/6/2025, Par Value \$20,000	**	18,838

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	JP Morgan Chase & Company Note	Corporate Bond, 3.375% maturing 5/1/2023, Par Value \$20,000	**	19,906
	JP Morgan Chase & Company Note	Corporate Bond, 3.625% maturing 10/1/2027 Par Value \$10,000	**	9,244
		TOTAL CORPORATE BONDS		431,603
MUTUAL FUNDS				
	Fuller & Thaler Behavioral Mid-Cap Value Fund	Mutual Fund	**	246,957
	Vanguard Cash Reserves Federal Money Market Fund Admiral Shares	Mutual Fund	**	7,502
	Energy Select Sector SPDR Fund	Mutual Fund	**	30,615
	Consumer Staples Select Sector SPDR Fund	Mutual Fund	**	24,005
	Financial Select Sector SPDR Fund	Mutual Fund	**	65,698
	Utilities Select Sector SPDR Fund	Mutual Fund	**	45,543
	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund	**	105,906
	Federated Hermes High Incorporated Bond Fund Class IS Shares	Mutual Fund	**	53,861
	Vanguard Intermediate-Term Treasury Index Fund	Mutual Fund	**	31,930
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	**	22,683
	Vanguard Russell 1000 Growth Index Fund	Mutual Fund	**	286,035
	Vanguard Long-Term Corporate Bond Index Fund	Mutual Fund	**	10,448
*	Fidelity Emerging Markets	Mutual Fund	**	47,408
	Victory Trivalent International Small-Cap Fund	Mutual Fund	**	18,198
	Allspring Special Mid Cap Value Fund	Mutual Fund	**	277,300
	American Capital World Growth & Incorporated Fund	Mutual Fund	**	39,229
	Delaware Value Fund Institutional	Mutual Fund	**	11
	Columbia Marsico Focused Equity Class Z Fund	Mutual Fund	**	39,655
	Conestoga Small-Cap Fund	Mutual Fund	**	56,889
	Dodge & Cox Incorporated Fund	Mutual Fund	**	101,271
	John Hancock Disciplined Value I Fund	Mutual Fund	**	58,040
	JPMorgan Divers Mid-Cap Growth Select Fund	Mutual Fund	**	167,417
	American New World Fund Class F2	Mutual Fund	**	58,148
	T. Rowe Price Growth Stock	Mutual Fund	**	55,207
	Touchstone Focused Class Y	Mutual Fund	**	30,557
	Vanguard STAR Fund	Mutual Fund	**	5,057
	Vanguard Primecap Core Fund Investor Class	Mutual Fund	**	58,799
	Invesco Oppenheimer Developing Markets A	Mutual Fund	**	15,058
	Schwab Strategic Trust U.S. Mid-Cap ETF	Mutual Fund	**	24,234
	Schwab Strategic Trust U.S. Small-Cap ETF	Mutual Fund	**	23,128
	Schwab Strategic Trust Emerging Markets ETF	Mutual Fund	**	55,692
	Schwab Strategic Trust International Equity ETF	Mutual Fund	**	95,569
	Vanguard STAR Fund - Vanguard Total International Stock ETF	Mutual Fund	**	26,698
	Vanguard Index Trust Vanguard Total Stock ETF	Mutual Fund	**	429,785
	Invesco QQQ Trust Unit Series 1 ETF	Mutual Fund	**	739,691
	iShares Trust S&P Midcap 400 Index Fund ETF	Mutual Fund	**	12,095

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost (\$)	Current Value (\$)
	iShares Trust Core MSCI Total International Stock ETF	Mutual Fund	**	66,151
	Vanguard Index Funds Formerly Vanguard Growth ETF	Mutual Fund	**	107,276
	Vanguard Index Funds Vanguard Small-Cap Index Fund	Mutual Fund	**	17,468
	Vanguard Index Funds Vanguard Mid-Cap Index Fund	Mutual Fund	**	50,953
	Vanguard Index Funds Vanguard Growth Index Fund	Mutual Fund	**	25,573
	Vanguard Index Funds Vanguard Value Index Fund	Mutual Fund	**	34,391
	Equinix Incorporated Par \$0.001	Mutual Fund	**	4,110
	Eaton Vance High Incorporated Opportunity Class I	Mutual Fund	**	48,322
	Eaton Vance Short Duration Strategic Incorporated Fund I	Mutual Fund	**	24,682
	Federated Institutional High Yield Bond Fund	Mutual Fund	**	43,414
	JPMorgan Core Bond Select Shares	Mutual Fund	**	28,175
	Lord Abnett Short Duration Incorporated Class F	Mutual Fund	**	38,702
	PIMCO Incorporated Fund Institutional Fund	Mutual Fund	**	4,795
	Vanguard Scottsdale Funds Vanguard Long-Term Treasury ETF	Mutual Fund	**	495,432
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	76,693
	Schwab Strategic Trust U.S. Aggregate Bond ETF	Mutual Fund	**	20,132
*	Fidelity MSCI Health Care Index ETF	Mutual Fund	**	13,232
*	Fidelity MSCI Information Technology Index ETF	Mutual Fund	**	47,255
	First Trust Exchange Traded Fund Dow Jones	Mutual Fund	**	30,788
	First Trust Exchange Traded Fund II	Mutual Fund	**	45,775
	iShares Trust MSCI EAFE Index Fund	Mutual Fund	**	32,492
	iShares Incorporated Core MSCI Emerging Markets ETF	Mutual Fund	**	21,246
	S & P 500 Depository Receipt ETF	Mutual Fund	**	12,760
	SPDR Series Trust S&P 500 Regional Banking ETF	Mutual Fund	**	5,874
	SPDR Series Trust S&P 500 High Dividend ETF	Mutual Fund	**	81,890
	Schwab Strategic Trust U.S. Large-Cap ETF	Mutual Fund	**	1,355
	Schwab Strategic Trust U.S. REIT ETF	Mutual Fund	**	12,153
	Vanguard Charlotte Funds Total International Bond ETF	Mutual Fund	**	25,849
*	Fidelity Zero Large Cap Index Fund	Mutual Fund	**	62,315
*	Fidelity Total Market Index Institutional I Premium Class	Mutual Fund	**	636,925
*	Fidelity International Index Institutional I Premium Class	Mutual Fund	**	500,302
*	Fidelity Extended Market Index Institutional I Premium Class	Mutual Fund	**	133,249
*	Fidelity Large Cap Growth Index Institutional I Premium Class	Mutual Fund	**	2,976
*	Fidelity Puritan Fund	Mutual Fund	**	408,817
*	Fidelity Zero Total Market Index Fund	Mutual Fund	**	59,536
*	Fidelity U.S. Bond Index Institutional Premium	Mutual Fund	**	75,165
*	Fidelity Freedom Index Incorporated Investor Fund	Mutual Fund	**	548
*	Fidelity Freedom Index 2010 Investor	Mutual Fund	**	12,359
*	Fidelity Freedom Index 2020 Investor	Mutual Fund	**	2,396,709
*	Fidelity Freedom Index 2025 Investor	Mutual Fund	**	5,122,072
*	Fidelity Freedom Index 2030 Investor	Mutual Fund	**	4,774,524
*	Fidelity Freedom Index 2035 Investor	Mutual Fund	**	7,905,635
*	Fidelity Freedom Index 2040 Investor	Mutual Fund	**	7,640,634
*	Fidelity Freedom Index 2045 Investor	Mutual Fund	**	4,506,701
*	Fidelity Freedom Index 2050 Investor	Mutual Fund	**	2,605,897
*	Fidelity Freedom Index 2015 Investor	Mutual Fund	**	5,170,507
*	Fidelity 500 Index Fund	Mutual Fund	**	8,927,522

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*	Fidelity Freedom Index 2055 Investor	Mutual Fund	**	1,196,030
*	Fidelity Emerging Markets Index Fund	Mutual Fund	**	74,526
*	Fidelity Mid-Cap Index Fund	Mutual Fund	**	1,602,728
*	Fidelity Small-Cap Index Fund	Mutual Fund	**	769,445
*	Fidelity International Index Fund	Mutual Fund	**	319,598
*	Fidelity Freedom Index 2060 Investor	Mutual Fund	**	618,927
*	Fidelity Strategic Incorporated Fund	Mutual Fund	**	547,301
*	Fidelity Freedom Index 2065 Investor	Mutual Fund	**	302,888
	PIMCO Short Term Fund	Mutual Fund	**	24,234
	Carillon Eagle Mid-Cap Growth Fund Class Y	Mutual Fund	**	35,774
	Victory Munder International Small-Cap A	Mutual Fund	**	81,222
	Vanguard 500 Index Admiral	Mutual Fund	**	111,409
	Alger Small-Cap Focus Class Z	Mutual Fund	**	74,349
	Invesco Oppenheimer Senior Float Rate Y	Mutual Fund	**	43,054
	Vanguard Total Stock Market Index Admiral	Mutual Fund	**	38,516
	Wells Fargo Advantage Small Company Growth Institutional Fund	Mutual Fund	**	125,765
	Goldman Sachs Absolute Return Tracker Institutional I Fund	Mutual Fund	**	106,280
	Delaware Small Cap Core Fund R6	Mutual Fund	**	293,982
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	**	1,044,830
	JPMorgan Mid-Cap Value Fund R6	Mutual Fund	**	490,351
	Vanguard Short-Term Investment Grade Admiral	Mutual Fund	**	372,243
	JPMorgan Core Bond Fund R6	Mutual Fund	**	751,440
	MFS Value Fund R6	Mutual Fund	**	1,028,410
	American Funds New World Fund R6	Mutual Fund	**	294,805
	American Funds Capital World Bond Fund R6	Mutual Fund	**	215,462
	MFS Mid-Cap Growth Fund R6	Mutual Fund	**	695,716
	MFS International Diversification Fund R6	Mutual Fund	**	294,952
	Vanguard Small-Cap Value Index Fund Admiral	Mutual Fund	**	726,246
	Vanguard Index Funds Formerly Vanguard Growth ETF	Mutual Fund	**	31,309
	Crown Castle International Corporation	Mutual Fund	**	2,210
	Digital Realty Trust Incorporated	Mutual Fund	**	2,182
	PrIncorporatedipal Real Estate Securities Fund R6	Mutual Fund	**	419,253
*	Fidelity NASDAQ Composite Index ETF	Mutual Fund	**	35,656
	Invesco NASDAQ 100 ETF	Mutual Fund	**	23,792
	Invesco S&P MidCap Momentum ETF	Mutual Fund	**	169,762
	Invesco Dorsey Wright SmallCap Momentum ETF	Mutual Fund	**	68,685
	iShares Core US REIT ETF	Mutual Fund	**	5,065
	iShares Core S&P Total US Stock Market ETF	Mutual Fund	**	27,057
	iShares Core S&P 500 ETF	Mutual Fund	**	41,495
	iShares Core S&P Small-Cap ETF	Mutual Fund	**	2,388
	Schwab US Broad Market ETF	Mutual Fund	**	9,887
	Vanguard Small-Cap Index Fund ETF	Mutual Fund	**	19,407
	Vanguard Internatl High Div Yield Index Fund ETF	Mutual Fund	**	18,404
	Columbia Global Technology Growth Fund Institutional 2 Class	Mutual Fund	**	50,772
TOTAL MUTUAL FUNDS				68,933,457

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GOVERNMENT SECURITIES				
	United States Treasury	Domestic Bond, 2.375% maturing 8/15/2024 Par Value \$310,000	**	299,100
	United States Treasury	Domestic Bond, 2.750% maturing 8/31/2025 Par Value \$260,000	**	249,915
		TOTAL GOVERNMENT SECURITIES		549,015
		TOTAL INVESTMENTS		73,549,318
*	Participant loans	4.75% - 6.50% Maturing 2023 - 2024		14,914
				<u>\$ 73,564,232</u>

* A party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.