

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 ONS SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 10/01/1998
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) ONS MSO, LLC 5 HIGH RIDGE PARK, 2ND FLOOR STAMFORD, CT 06905
2b	Employer Identification Number (EIN) 84-1758967
2c	Plan Sponsor's telephone number 203-869-1145
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.	11/30/2023	PATRICK SEILER
	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

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		5 540
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) 443
a(2) Total number of active participants at the end of the plan year		6a(2) 688
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 136
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 824
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 824
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 782
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 93
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: 2S 2T 2G 2A 2E 2F 2K 2R 3D		
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 ONS SAVINGS PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ONS MSO, LLC	D Employer Identification Number (EIN) 84-1758967	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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?
37 60 64 65 71	RECORDKEEPER	79432	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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.
ABF SM CAP VAL R5 - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105		0.04%
(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.
BAIRD CORE PLUS INST - US BANCORP 39-0281260		0.02%
(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.
HTFD INTL OPPS R5 - HARTFORD ADMIN 41-0679409		0.20%

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.	
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(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.	
JPM GOVT BOND R4 - DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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 S ESTB VAL A - FIS INVESTO FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.50%	

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.	
AMG YACKTMAN FUND I 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	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.	
EDGEWOOD GROWTH FUND RETAIL CLASS 1 FREEDOM VALLEY DR OAKS, PA 19456	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.	
DOUBLELINE CORE FIXED INCOME CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%	

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.	
NEXPOINT MERGER ARBITRAGE CL Z 200 CRESCENT COURT STE 700 DALLAS, TX 75201	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.	
WCM FOCUSED INTL GROWTH FUND INSTL 2220 EAST ROUTE 66 STE 226 GLENDDORA, CA 91740	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.	
METROPOLITAN WEST TOT RETURN BOND 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90017	0.35%	

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
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(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>ONS SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONS MSO, LLC</u>	D Employer Identification Number (EIN) <u>84-1758967</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	199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	97603	141939
(2) Participant contributions.....	1b(2)	91598	16819
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1016384	5485401
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	7904017	2615035
(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)	203863	150320
(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)	45409934	46101959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

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	54723399	54511672

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54723399	54511672
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1475232	
(B) Participants	2a(1)(B)	4131865	
(C) Others (including rollovers)	2a(1)(C)	7407271	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13014368
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64583	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9398	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73981
(2) Dividends: (A) Preferred stock	2b(2)(A)	2531	
(B) Common stock	2b(2)(B)	82731	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2227130	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2312392
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14448479	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15938358	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1489879
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-288191	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-288191

		(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)		-11827740
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1794931
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1916302	
(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)		1916302
f Corrective distributions (see instructions)	2f		521
g Certain deemed distributions of participant loans (see instructions)	2g		7719
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)	3309	
(4) Other	2i(4)	78807	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82116
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2006658
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-211727
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: **WILKIN & GUTTENPLAN, P.C**

(2) EIN: **22-2612018**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ONS SAVINGS PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 ONS MSO, LLC		D Employer Identification Number (EIN) 84-1758967
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 _____

October 16, 2023

To the Plan Administrator and Trustees of

ONS Savings Plan

We have audited the financial statements of ONS Savings Plan, (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit") for the year ended December 31, 2022 and we will issue our report thereon dated October 16, 2023. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Fidelity Management Trust Company, the trustee, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 5, 2023.

Professional standards also require that we provide you with certain information related to our audit. Part I of this letter relays this required information. Part II details our comments and recommendations, all of which have been discussed with appropriate members of management, that are intended to improve the internal control or result in other operating efficiencies. We will be pleased to discuss this letter as well as the comments in further detail at your convenience, perform any additional study of these matters, or assist you in implementing the recommendations. We will review the status of these comments during our next audit engagement.

This letter does not affect our report on the above referenced financial statements of the Plan.

PART I COMMUNICATION OF INFORMATION AS REQUIRED BY PROFESSIONAL STANDARDS

A. Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2022. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive estimates affecting the financial statements were:

Your estimate of the fair value of financial instruments is based upon the following:

Mutual Funds: unadjusted quoted prices in active markets for identical assets.

Common/Collective Trust: net asset value based upon quoted market prices of the underlying assets.

Participant Directed Fidelity Brokeragelink Investments: market value of the securities based on market quotations or other factors as needed.

We evaluated the key factors and assumptions used to develop the fair value of financial instruments in determining that it is reasonable in relation to the financial statements taken as a whole.

There were no sensitive disclosures affecting the financial statements in the current year.

The financial statement disclosures are neutral, consistent, and clear.

B. Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

C. Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

D. Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements and has represented to us in the signed representation letter that they have considered the effects of uncorrected misstatements and that their effects are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. The uncorrected misstatements, if any, or the matters underlying them could potentially cause future period financial statements to be materially misstated, even though, in our judgment, such uncorrected misstatements are immaterial to the financial statements under audit.

E. Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

F. Other Matters

With respect to the ERISA-required supplemental schedules accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the ERISA-required supplemental schedules to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

PART II COMMENTS AND RECOMMENDATIONS**A. Incorrect Contributions**

During our audit, we became aware that an employee's contributions were not being withheld from their pay in accordance with their election in Fidelity. We are also aware that this was subsequently corrected. We strongly advise that management implements new procedures to ensure the accurate withholding, including a detailed review of all employee elections. We also recommend that if this were to happen again, management first consult their risk attorney regarding correcting the error and adjust earnings with the help of Fidelity.

B. Missing Contributions

During our audit, we became aware that a group of employees were not automatically enrolled into the plan upon eligibility. We are also aware that this was subsequently corrected. We strongly advise that management implements new procedures to ensure the withholding and timely remittance of employee contributions. Management should complete a detailed review of newly eligible employees, ensuring that contributions are being withheld and contributed to the Plan. We also recommend that if this were to happen again, management first consult their ERISA attorney regarding correcting the error and adjust earnings with the help of Fidelity.

C. Cyber Attacks and Responding to Breaches

Plan fiduciaries have a responsibility to protect Plan information from cyber-attacks and respond to breaches promptly. According to the Department of Labor (DOL), Plan Sponsors should have a plan in place to address a breach.

We recommend an approach such as the following:

- Establishing procedures for how the Plan Sponsor and service providers will communicate with participants in the event of a breach and how they can protect their data.
- Creating a process for determining how a breach will be remedied.
- Documenting a process for how cybersecurity breaches are responded to and the steps that are taken to correct an actual breach, to demonstrate prompt action.
- Evaluate service providers and negotiate contract provisions to lower or mitigate the costs of correcting a possible cyberattack.
- Review and understand the business insurance coverage limitations and consider cyber insurance to address any coverage gaps.
- Additionally, Plan administrators and fiduciaries should consult with their ERISA counsel.
- Developing a plan will ensure that Plan Fiduciaries are ready to respond to a breach in a timely and effective manner.

D. More Frequent Meetings Regarding the Plan

During our audit, we noted only one meeting was held during the year under audit. Management and the employee benefit plan committee have a fiduciary responsibility to the participants to meet quarterly and record minutes of all meetings. We recommend that the committee record minutes which documents items relating to the Plan that were discussed, positions taken, and decisions made. These minutes should be maintained in a central location. These minutes provide permanent evidence that the committee is carrying out its fiduciary duties and serve as a record, should questions arise at a later date, about matters discussed or decisions reached.

This information is intended solely for the use of the Trustees and management of the Plan and is not intended to be and should not be used by anyone other than those specified parties.

We would like to thank all management and Plan officials for the cooperation and courtesy extended to us during our audit.

Very truly yours,

A handwritten signature in black ink, appearing to read "Wilkin & Guttenplan", written over a horizontal line.

Wilkin & Guttenplan, P.C.
Certified Public Accountants

**ONS Savings Plan
Financial Statements
December 31, 2022 and 2021**

ONS Savings Plan
Table of Contents
December 31, 2022 and 2021

	Page
INDEPENDENT AUDITORS' REPORT	1-4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits December 31, 2022 and 2021	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	6
Notes to the Financial Statements	7-14
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i - Schedule of Assets Held at December 31, 2022	15
Exhibit I	16-17

Independent Auditors' Report

To the Plan Administrator and Participants of the ONS Savings Plan

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

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

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

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

1. the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
2. the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

1. Exercise professional judgment and maintain professional skepticism throughout the audit.
2. 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.
3. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
4. 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.
5. Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Matters - Supplemental Schedules Required by ERISA

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

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

In our opinion —

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



East Brunswick, New Jersey

October 16, 2023

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

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value		
Cash and cash equivalents	\$ 4,432,928	\$ 439,874
Self-directed brokerage account	7,265,644	14,061,701
Mutual funds	41,451,350	39,252,250
Money market mutual funds	<u>1,052,672</u>	<u>576,510</u>
Total Investments	<u>54,202,594</u>	<u>54,330,335</u>
Receivables		
Participant notes receivable	150,320	203,863
Employee contributions receivable	16,819	91,598
Employer contributions receivable	<u>141,939</u>	<u>97,603</u>
Total Receivables	<u>309,078</u>	<u>393,064</u>
Total Assets	<u>54,511,672</u>	<u>54,723,399</u>
Net Assets Available for Benefits	<u><u>\$ 54,511,672</u></u>	<u><u>\$ 54,723,399</u></u>

The accompanying notes are an integral part of these financial statements.

ONS Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Investment Income (Loss)

Net depreciation in fair value of investments	\$ (13,605,810)
Dividends and interest	<u>2,376,975</u>

Total Investment Income (Loss)	<u>(11,228,835)</u>
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Contributions

Participant deferrals	4,131,865
Employer	1,475,232
Participant rollover	<u>7,407,271</u>

Total Contributions	<u>13,014,368</u>
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Excess Revenue Credits	(78,807)
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Interest on Participant Notes Receivable	<u>9,398</u>
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Subtotal	<u>1,716,124</u>
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Deductions

Deductions from net assets attributed to	
Benefits paid to participants	1,924,542
Administrative expenses	<u>3,309</u>

Total Deductions from Net Assets	<u>1,927,851</u>
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Net Decrease in Net Assets Available for Benefits	(211,727)
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Net Assets Available for Benefits - Beginning of Year	<u>54,723,399</u>
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Net Assets Available for Benefits - End of Year	<u><u>\$ 54,511,672</u></u>
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The accompanying notes are an integral part of these financial statements.

Note 1 Plan Description

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

General

The Plan is a defined contribution plan under the provision of Section 401(k) of the Internal Revenue Code covering the eligible employees of Orthopaedic & Neurosurgery Specialists, P.C. (the "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Trustees and Administrator are responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance.

On August 1, 2017, the Plan was amended and restated for the Pension Protection Act. The Plan is a defined contribution plan covering substantially all employees of the Company. Certain employees are excluded from participation in the Plan, such as (i) employees covered by collective bargaining agreements under which retirement benefits were the subject of good faith bargaining, and (ii) certain nonresident aliens, (iii) employees classified as independent contractors. Employees who have completed two months of service and have attained age 21 are eligible to participate in the Plan with respect to salary deferral contributions. Employees will be automatically enrolled in the Plan with a deferral rate of 3%. Employees who have completed one year of service as of the first day of the quarter coinciding with or immediately following the date the requirements are met, are an active employee at the end of the Plan year and have attained age 21 will be eligible to participate in the Plan with respect to employer matching contributions and profit sharing contributions.

On August 31, 2020, the Plan was amended to include employees of ONS MSO, LLC. ONS MSO, LLC employees were eligible to participate in the Plan effective September 2020.

On January 24, 2022, the Plan was amended to change the name from "Orthopaedic & Neurosurgery Specialists, P.C. Incentive Savings Plan" to "ONS Savings Plan".

On April 26, 2022, the Plan was amended to include employees of Orthopedic Associates of Middletown, PC, Orthopedic Associates of Manhasset, PC, Connecticut Neck and Back, Middlesex Orthopedic Surgeons, and employees hired prior to August 1, 2017 with previous service with Greenwich Hospital. This amendment was retroactively effective as of January 1, 2022.

Note 1 Plan Description (Continued)

Plan Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined in the Plan, subject to certain limitations under the Internal Revenue Code. The Plan includes an automatic deferral feature of 3% of employee compensation unless a contrary election is made. Eligible employees are permitted to make both pre-tax and after-tax (ROTH) contributions, provided the total of such elective contributions does not exceed the limits stated in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Participants direct the investment of their contributions into various options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants.

The Company at its discretion may contribute to the Plan a matching contribution equal to a uniform percentage of salary deferrals. These percentages will be determined each year. For the years ended December 31, 2022 and 2021, the Company elected to match the employee contributions equivalent to 50 percent of employee deferrals, up to a maximum of 6 percent deferrals.

In addition, the Company, at its discretion, may elect to make a profit sharing contribution each year. The allocation of the discretionary profit sharing contribution is based on the ratio of the individual's compensation, as defined, to the aggregate compensation of those participant's eligible to share in the contribution. The Company did not elect to make a profit sharing contribution for the year ended December 31, 2022.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if any) and (b) Plan earnings. The participant's account is also charged with an allocation of certain expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and the earnings thereon. Participants become vested in employer contributions, if any, based on a graded-vesting schedule, with participants becoming fully vested after six years. In addition, participants become fully vested in all of their accounts upon reaching normal retirement age (as defined in the Plan) prior to termination of employment or in the event of death or permanent disability.

Note 1 Plan Description (Continued)

Participants' Notes Receivable

A participant may borrow from his or her account a minimum of \$1,000 up to a maximum of (a) \$50,000 reduced by the excess (if any) of the highest outstanding balance of plan loans during the one-year period ending on the day before the loan is made over the outstanding balance of plan loans on the date the loan is made, or (b) 50% of the participant's account balance. The maximum loan term is five years unless the loan is taken to purchase a principal residence. Notes are secured by the balance in the participant's account and bear interest at a rate of prime plus one percent, determined as of the date of the loan origination. Interest rates range from 4.25% to 8.00%. Notes are repaid directly through participant's personal bank account. Loan fees are charged to the participant's account.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive the balance of the account as a lump sum distribution or as an annuity, as defined. Benefit payments to participants are recorded when paid. Payments representing refunds of excess contributions, if any, are accrued.

Hardship Benefits

The Plan allows for "hardship withdrawals" of employee benefits from participant's pre-tax elective deferral and ROTH elective deferral accounts based the provisions of the Plan document.

Forfeitures

At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$31,280 and \$85,123, respectively. These amounts may be used to reduce future employer contributions and expenses. These funds are being held in various mutual fund investment accounts. Forfeitures used to reduce employer contributions and expenses during the year ended December 31, 2022 totaled \$125,165.

Note 2 Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

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 Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodians. 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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash and Cash Equivalents

Cash and cash equivalents primarily include money market funds and negotiable certificates of deposit valued at the closing price reported by the fund sponsor from an actively traded exchange.

Participant Notes Receivable

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. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Revenue Sharing Agreement

The Plan is party to a revenue sharing agreement which provides for a revenue account for the Plan to pay for certain administrative expenses from Plan assets. The account is funded by revenue generated by certain Plan investment funds. The agreement provides that excess amounts in the Plan revenue account at the end of each Plan year may be applied towards allowable administrative expenses or allocated at the direction of the Plan's administrator. For the year ended December 31, 2022, revenue received under the agreement totaled \$34,106 and Plan expenses paid from revenue sharing funds were \$112,913.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Investment Management and Administrative Fees

Expenses related to the administration of the Plan are primarily paid by the Plan Sponsor. Personnel and facilities of the Plan Sponsor have been used by the Plan at no additional cost to the Plan. Investment related expenses, other than those paid directly by the Plan, are integrated with investment performance.

Note 2 Summary of Significant Accounting Policies (Continued)

Subsequent Events

Management has evaluated subsequent events and transactions for potential recognition or disclosure through the date of the auditors' report, which is the date the financial statements were available to be issued. Subsequent to the year ended December 31, 2022, the Plan submitted an amendment effective March 2023. Participants that have been terminated and have a balance of less than \$5,000 will automatically receive a cash distribution of their balance. Additionally, participants are now able to have up to three outstanding loans.

Note 3 Fair Value Measurements

Generally accepted accounting principles ("GAAP") establish a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The Plan does not hold any Level 2 or Level 3 investments; valuation inputs for Level 1 investments are described below:

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.

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

The 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.

Mutual Funds and Money Market Mutual Funds

Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Note 3 Fair Value Measurements (Continued)

Self-Directed Brokerage Accounts

Brokerage accounts includes cash and cash equivalents, mutual funds, and exchange traded securities such as common and preferred stock that are valued at the closing price reported on the active market on which the individual securities are traded.

Cash and Cash Equivalents

Cash and cash equivalents primarily include money market funds and negotiable certificates of deposit valued at the closing price reported by the fund sponsor from an actively traded exchange.

Common and Preferred Stock

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

The following table sets forth by level, within the fair value hierarchy, the Plan's financial assets at fair value as of December 31, 2022 and 2021:

Investments at fair value:

	December 31,	
	2022	2021
Level 1 -		
Cash and cash equivalents	\$ 4,432,928	\$ 439,874
Self-directed brokerage account	7,265,644	14,061,701
Mutual Funds	41,451,350	39,252,250
Money Market Mutual Funds	<u>1,052,672</u>	<u>576,510</u>
Total Investment Assets in the Fair Value Hierarchy	<u>\$ 54,202,594</u>	<u>\$ 54,330,335</u>

Note 4 Tax Status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Effective August 1, 2017, the Plan adopted the Fidelity Volume Submitter Plan document.

Although the Plan has been amended since receiving the determination letter, the Plan administrator 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 IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Note 4 Tax Status (Continued)

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is open to examination for three years.

Note 5 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination or partial termination, participants will become fully vested, and net assets will be distributed to participants and beneficiaries in proportion to their respective account balances.

Note 6 Party-In-Interest and Related Party Transactions

Certain Plan investments are registered investment companies managed by Fidelity. Fidelity is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Fidelity, custodian, and parties-in-interest to the Plan for administrative services and investment management amounted to \$3,309 for the year ended December 31, 2022.

Certain fees paid to related parties for services to the Plan were paid by the Plan Sponsor; such expenses are not included in the accompanying financial statements. Alternatively, investment fund operating expenses are deducted from the fund's assets and are reflected in share/unit prices.

Note 7 Risks and Uncertainties

The Plan invests in various investment securities as directed by the participants. 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.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across a variety of participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments.

ONS Savings Plan
Notes to the Financial Statements
December 31, 2022 and 2021

Note 7 Risks and Uncertainties (Continued)

At December 31, 2022, one investment option accounted for more than 10% of the Plan's total net assets:

Fidelity 500 Index	\$8,362,399	15%
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Note 8 Certified Investments

The information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

SUPPLEMENTARY INFORMATION

ONS Savings Plan
Schedule H, Line 4i - Schedule of Assets Held at December 31, 2022

EIN: 06-1619395
Plan Number 005

(a)	(b) Identity of Issuer/Borrower/Lesser or Similar Party	(c) Description of Investment Including of Maturity Date Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SELF-DIRECTED BROKERAGE ACCOUNTS - EXHIBIT I	Various	**	\$ 7,265,644
*	FIDELITY 500 INDEX	Mutual Fund - Registered Investment Company	**	8,362,399
*	FIDELITY BLUE CHIP GR	Mutual Fund - Registered Investment Company	**	4,900,948
*	FIDELITY FREEDOM 2025 K	Mutual Fund - Registered Investment Company	**	2,935,419
*	FIDELITY FREEDOM 2030 K	Mutual Fund - Registered Investment Company	**	2,637,500
	INVESCO DIVERSIFIED DIVIDEND R5	Mutual Fund - Registered Investment Company	**	2,436,830
*	FIDELITY FREEDOM 2035 K	Mutual Fund - Registered Investment Company	**	2,410,456
*	FIDELITY BALANCED	Mutual Fund - Registered Investment Company	**	2,126,649
*	FIDELITY FREEDOM 2045 K	Mutual Fund - Registered Investment Company	**	2,085,576
	VICTORY SYCAMORE ESTABLISHED VALUE A	Mutual Fund - Registered Investment Company	**	1,987,667
*	FIDELITY INTL GROWTH	Mutual Fund - Registered Investment Company	**	1,867,122
*	FIDELITY FREEDOM 2040 K	Mutual Fund - Registered Investment Company	**	1,445,211
*	FIDELITY FREEDOM 2050 K	Mutual Fund - Registered Investment Company	**	1,389,911
*	FIDELITY SMALL CAP GROWTH	Mutual Fund - Registered Investment Company	**	1,359,883
*	FIDELITY FREEDOM 2055 K	Mutual Fund - Registered Investment Company	**	1,326,568
*	FIDELITY GOVT MMKT	Money Market Mutual Fund	**	1,052,672
	BAIRD CORE PLUS INST	Mutual Fund - Registered Investment Company	**	764,914
*	FIDELITY FREEDOM 2060 K	Mutual Fund - Registered Investment Company	**	661,347
*	FIDELITY FREEDOM 2020 K	Mutual Fund - Registered Investment Company	**	629,123
*	FIDELITY US BOND IDX	Mutual Fund - Registered Investment Company	**	428,417
*	FIDELITY INTL INDEX	Mutual Fund - Registered Investment Company	**	381,091
*	FIDELITY EXT MKT IDX	Mutual Fund - Registered Investment Company	**	334,892
	AMERICAN BEACON SMALL CAP VAL INST	Mutual Fund - Registered Investment Company	**	196,429
*	FIDELITY FREEDOM INC K	Mutual Fund - Registered Investment Company	**	180,525
*	FIDELITY FREEDOM 2065 K	Mutual Fund - Registered Investment Company	**	162,367
	HARTFORD INTERNATIONAL OPPORTUNITIES R5	Mutual Fund - Registered Investment Company	**	132,177
*	FIDELITY FREEDOM 2015 K	Mutual Fund - Registered Investment Company	**	113,994
	JPMORGAN GOVERNMENT BOND R4	Mutual Fund - Registered Investment Company	**	112,809
	JPMORGAN INTREPID MID CAP R6	Mutual Fund - Registered Investment Company	**	74,291
*	FIDELITY FREEDOM 2010 K	Mutual Fund - Registered Investment Company	**	6,835
				<u>49,769,666</u>
	*Cash equivalents	Cash		4,432,928
*	Participant Notes Receivable	Participant Loans Receivable at interest rates of 4.25% - 8.00%		<u>150,320</u>
				<u>\$ 54,352,914</u>

* Party-in-interest.

** Cost is not provided for participant-directed investments.

See Independent Auditors' Report

EXHIBIT I

03/20/2023

Plan: 85695

ONS Savings Plan
SUMMARY OF NET TRUST ASSETS

Page: 1

TOTAL PLAN ASSETS AS OF 12/31/2022

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	4,432,728.360	\$1.00	\$4,432,728.36	\$4,432,728.36
	COMMON STOCK				
G89479102	TORM PLC SER A USD0.01	1,000.000	\$29.17	\$29,170.00	\$27,950.00
G98239109	XP INC COM USD0.00001 CLASS A	500.000	\$15.34	\$7,670.00	\$14,244.00
00287Y109	ABBVIE INC COM USD0.01	163.000	\$161.61	\$26,342.43	\$23,864.47
018820100	ALLIANZ SE UNSPON ADS EACH REP 1/10	2,535.000	\$21.44	\$54,352.94	\$45,597.04
02079K107	ALPHABET INC CAP STK CL C	472.000	\$88.73	\$41,880.56	\$44,222.78
02079K305	ALPHABET INC CAP STK CL A	1,400.000	\$88.23	\$123,522.00	\$142,796.70
023135106	AMAZON.COM INC NFS LLC IS A MARKET	2,565.000	\$84.00	\$215,460.00	\$164,958.92
03236M200	AMYRIS INC COM NEW	5,000.000	\$1.53	\$7,650.00	\$45,462.12
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	5,540.873	\$129.93	\$719,925.63	\$23,644.70
084670702	BERKSHIRE HATHAWAY INC DEL CL B NEW	271.000	\$308.90	\$83,711.90	\$80,098.46
12769G100	CAESARS ENTERTAINMENT INC	500.000	\$41.60	\$20,800.00	\$13,677.50
217204106	COPART INC	1,220.000	\$60.89	\$74,285.80	\$34,469.95
22160K105	COSTCO WHOLESALE CORP	85.146	\$456.50	\$38,869.15	\$41,533.54
26142V105	DRAFTKINGS INC NEW COM CL A	3,000.000	\$11.39	\$34,170.00	\$39,809.49
26875P101	EOG RESOURCES INC NFS LLC IS A SPECIAL	222.562	\$129.52	\$28,826.23	\$27,915.80
37940X102	GLOBAL PMTS INC	350.000	\$99.32	\$34,762.00	\$71,750.00
379577208	GLOBUS MED INC CL A NEW	150.000	\$74.27	\$11,140.50	\$11,313.00
399909100	GRUPO FINANCIERO GALICIA SA	4,620.103	\$9.73	\$44,953.60	\$74,175.56
40049J206	GRUPO TELEvisa SA DE CV GLOBAL DEP RCPT	3,573.258	\$4.56	\$16,294.06	\$33,510.08
40054A108	GRUPO SUPERVIELLE S A SPONSORED ADR	18,148.737	\$2.16	\$39,201.27	\$89,998.65
42330P107	HELIX ENERGY SOLUTIONS GROUP INC	15,000.000	\$7.38	\$110,700.00	\$57,750.00
444859102	HUMANA INC NFS LLC IS A SPECIAL	47.000	\$512.19	\$24,072.93	\$26,052.81
45685K102	INFUSYSTEM HLDGS INC COM	4,500.000	\$8.68	\$39,060.00	\$37,529.00
532457108	LILLY ELI & CO NFS IS A SPECIALIST	150.000	\$365.84	\$54,876.00	\$54,840.53
54150E104	LOMA NEGRA CIA IND ARGENTINA SA SPON	9,599.824	\$6.85	\$65,758.79	\$77,923.27
550021109	LULULEMON ATHLETICA INC	77.000	\$320.38	\$24,669.26	\$29,015.56
57636Q104	MASTERCARD INC CL A	100.000	\$347.73	\$34,773.00	\$25,925.17
58733R102	MERCADOLIBRE INC	14.000	\$846.24	\$11,847.36	\$23,310.00
58933Y105	MERCK & CO INC NEW COM	125.000	\$110.95	\$13,868.75	\$13,722.50
617446448	MORGAN STANLEY DEAN WITTER & CO FRMLY	1,122.790	\$85.02	\$95,459.61	\$9,609.94
65340P106	NEXGEN ENERGY LTD COM NPV	3,000.000	\$4.43	\$13,290.00	\$6,076.45
670100205	NOVO NORDISK A/S ADR FMLY NOVO	800.000	\$135.34	\$108,272.00	\$104,317.40
67066G104	NVIDIA CORP NFS LLC IS A MARKET	253.123	\$146.14	\$36,991.40	\$44,573.96
707569109	PENN NATL GAMING INC	1,300.000	\$29.70	\$38,610.00	\$56,553.89
71654V408	PETROLEO BRASILEIRO SA PETROBRAS	7,311.226	\$10.65	\$77,864.56	\$75,222.00
744375205	PSYCHEMEDICS CORP COM NEW	100.000	\$4.90	\$490.47	\$2,054.95
864159108	STURM RUGER & CO INC	135.851	\$50.62	\$6,876.78	\$6,790.91
872540109	TJX COMPANIES INC	577.121	\$79.60	\$45,938.83	\$38,062.13
87612E106	TARGET CORP NFS IS A SPECIALIST	167.000	\$149.04	\$24,889.68	\$25,873.75
88162F105	TETRA TECHNOLOGIES INC DEL	3,000.000	\$3.46	\$10,380.00	\$5,239.65
90384S303	ULTA SALON COSMETICS &	60.000	\$469.07	\$28,144.20	\$28,235.10
92826C839	VISA INC COM CL A	450.000	\$207.76	\$93,492.00	\$98,749.50
931427108	WALGREENS BOOTS ALLIANCE INC COM	46.072	\$37.36	\$1,721.25	\$410.18
	EXTERNAL FUND				
00170K588	AMG YACKTMAN FUND SERVICE CLASS	8,778.061	\$21.13	\$185,480.43	\$92,911.43
0075W0742	EDGEWOOD GROWTH FUND RETAIL CLASS	8,350.983	\$29.03	\$242,429.04	\$88,276.31
258620301	DOUBLELINE CORE FIXED INCOME CL I	9,748.837	\$9.19	\$89,591.81	\$16,929.28
430101642	NEXPOINT MERGER ARBITRAGE CL Z	610.769	\$19.80	\$12,093.23	\$12,202.89
461418444	WCM FOCUSED INTL GROWTH FUND INSTL	3,246.342	\$19.66	\$63,823.08	\$77,521.21
592905103	METROPOLITAN WEST TOTAL RETURN BOND	2,221.853	\$9.05	\$20,107.77	\$3,578.23
92202E409	VANGUARD TARGET RET 2025 FD INVESTOR CL	115,266.318	\$16.68	\$1,922,642.18	\$1,929,000.73
	FIDELITY FUND				
31635T773	FIDELITY SMALL CAP VALUE INDEX FD	767.191	\$21.44	\$16,448.58	\$14,443.89
31635V638	FIDELITY TOTAL INTL INDEX FD INSTL PREM	2,180.183	\$11.71	\$25,529.94	\$25,657.13
31635T708	FIDELITY ZERO TOTAL MARKET INDEX	15,449.846	\$13.35	\$206,255.44	\$178,006.37
31635T609	FIDELITY ZERO INTERNATIONAL INDEX	1,103.938	\$9.81	\$10,829.63	\$11,733.95
31635T104	FIDELITY INFLAT-PROT BD INDEX INSTL PREM	590.227	\$9.02	\$5,323.85	\$5,703.61

03/20/2023

Plan: 85695

ONS Savings Plan
SUMMARY OF NET TRUST ASSETS

Page: 2

TOTAL PLAN ASSETS AS OF 12/31/2022

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
316146232	FIDELITY REAL ESTATE INDEX INSTITUTIONAL	1,104.771	\$14.53	\$16,052.32	\$17,669.44
315911693	FID TOTAL MKT INDEX INSTL PREMIUM CLASS	1,100.293	\$105.98	\$116,609.05	\$107,197.78
	UNIT				
464288646	ISHARES TR LEHMAN 1- 3 YR CR BD FD	286.260	\$49.82	\$14,261.47	\$14,547.28
25434V203	DIMENSIONAL ETF TRUST INTL CORE EQT	5,009.516	\$25.04	\$125,438.28	\$126,799.98
46429B663	ISHARES TRUST HIGH DIVID EQUITY FD	258.118	\$104.24	\$26,906.22	\$27,967.76
46431W853	ISHARES US ETF TRUST COMMODITIES SELECT	249.956	\$28.19	\$7,046.26	\$9,511.47
46432F842	ISHARES TRUST CORE MSCI EAFE ETF	858.759	\$61.64	\$52,933.90	\$47,984.88
46434G103	ISHARES INC CORE MSCI EMERGING MKTS	305.264	\$46.70	\$14,255.83	\$15,776.74
46434G863	ISHARES INC MSCI EM ESG OPZ	461.065	\$30.07	\$13,864.22	\$18,073.44
46434V613	ISHARES TRUST CORE TOTAL USD BD MKT ETF	270.016	\$44.93	\$12,131.82	\$14,224.29
46434V803	ISHARES TRUST ISHARES CURRENCY	1,002.389	\$27.00	\$27,064.50	\$32,737.11
46435G102	ISHARES TRUST CONV BD ETF	114.348	\$69.47	\$7,943.76	\$8,502.94
46435G425	ISHARES TRUST MSCI USA ESG OPTIMIZED	497.528	\$84.75	\$42,165.50	\$53,797.48
46435U549	ISHARES TR ESG US AGR BD	121.150	\$46.74	\$5,662.55	\$5,969.82
500767306	KRANESHARES TR CSI CHINA INTERNET ETF	909.454	\$30.20	\$27,465.51	\$47,404.83
58463J304	MEDICAL PPTYS TR INC	2,155.207	\$11.14	\$24,009.01	\$29,558.09
644393100	NEW FORTRESS ENERGY LLC CL A SHS RP LLC	556.183	\$42.42	\$23,593.28	\$28,142.59
78462F103	S & P 500 DEPOSITORY RECEIPT	1,971.572	\$382.43	\$753,988.28	\$376,133.17
78467Y107	SPDR S&P MIDCAP 400 ETF TR UNIT SER 1	374.354	\$442.79	\$165,760.21	\$9,426.63
808524797	SCHWAB STRATEGIC TR US DIVIDEND EQUITY	1,661.624	\$75.54	\$125,519.08	\$122,903.91
921946406	VANGUARD WHITEHALL FDS HIGH DIVIDEND	503.324	\$108.21	\$54,464.69	\$52,300.43
464288273	ISHARES TR MSCI EAFE SMALL CAP INDEX FD	246.260	\$56.48	\$13,908.76	\$15,394.53
464287879	ISHARES TR S&P SMALLCAP 600/BARRA	301.222	\$91.31	\$27,504.58	\$29,643.27
464287663	ISHARES TR RUSSELL 3000 VALUE INDEX FD	380.398	\$70.63	\$26,867.51	\$27,671.46
464287556	ISHARES TR NASDAQ BIOTECHNOLOGY INDEX	310.234	\$131.29	\$40,730.62	\$39,775.53
464287507	ISHARES TR S&P MIDCAP 400 INDEX FD	92.789	\$241.89	\$22,444.73	\$14,942.34
464287200	ISHARES TR S&P 500 INDEX FD	146.092	\$384.21	\$56,130.01	\$69,835.24
464288653	ISHARES TR LEHMAN 10-20 YR TREAS BD FD	49.294	\$108.18	\$5,332.62	\$7,228.19

NET ASSETS : \$11,698,372.85

Brokerage Link included in Cash: 4,432,728.36 -

Brokerage Link, separately stated: 7,265,644.49 *