

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input checked="" type="checkbox"/> a single-employer plan</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input type="checkbox"/> Form 5558</p> <p><input checked="" type="checkbox"/> special extension (enter description) <u>HURRICANE IDALIA</u></p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input type="checkbox"/> a DFE (specify) _____</p> <p><input type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>SUNZ HOLDINGS, LLC 401(K) PLAN</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUNZ HOLDINGS, LLC</u></p> <p><u>1301 6TH AVENUE WEST</u> <u>BRADENTON, FL 34205</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>03/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>26-2877188</u></p> <p>2c Plan Sponsor's telephone number <u>941-281-5341</u></p> <p>2d Business code (see instructions) <u>524210</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2024	DAVID A. SKUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 388
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 330 6a(2) 337 6b 1 6c 25 6d 363 6e 0 6f 363 6g 279 6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>SUNZ HOLDINGS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUNZ HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>26-2877188</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(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)

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72	RECORDKEEPER	2182	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>SUNZ HOLDINGS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUNZ HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>26-2877188</u>	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	143272	328804
(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)	0	0
(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)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	8115514	8338767
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	8258786	8667571
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
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	8258786	8667571

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)	703723	
(B) Participants.....	2a(1)(B)	1788760	
(C) Others (including rollovers).....	2a(1)(C)	294325	
(2) Noncash contributions.....	2a(2)	0	2786808
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2058	2058
(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)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	311706
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	311706	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2400631
c Other income	2c		13293
d Total income. Add all income amounts in column (b) and enter total	2d		713234
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	302267	
(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)		302267
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	2182	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2182
j Total expenses. Add all expense amounts in column (b) and enter total	2j		304449
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		408785
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1)** Unmodified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1)** DOL Regulation 2520.103-8 **(2)** DOL Regulation 2520.103-12(d) **(3)** neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: OSWALD & SCOTT PA

(2) EIN: 06-1660624

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>SUNZ HOLDINGS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUNZ HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>26-2877188</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

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

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2022 AND 2021

**SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118**

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OSWALD & SCOTT, PA

Certified Public Accountants

Independent Auditors' Report

To the Administrative Committee and Management
SUNZ Holdings, LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of SUNZ Holdings, LLC 401(k) 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). The financial statements comprise the statement 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 years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of SUNZ Holdings, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 SUNZ Holdings, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SUNZ Holdings, LLC 401(k) 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 based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SUNZ Holdings, LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about SUNZ Holdings, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with 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 103(a)(3)(C) audit is not to express and opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the 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.

Supplemental Schedules Required by ERISA

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

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to the 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).

Oswald & Scott, PA
Orlando, Florida
October 10, 2023

Oswald & Scott, P.A.

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	<u>2022</u>	<u>2021</u>
Assets:		
Investments at fair value	\$ 8,667,571	\$ 8,258,786
Contributions receivable	<u>-</u>	<u>79,032</u>
Total Assets	8,667,571	8,337,818
Liabilities:		
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 8,667,571</u></u>	<u><u>\$ 8,337,818</u></u>

See accompanying notes to financial statements.

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEARS ENDED DECEMBER 31,	
	2022	2021
Additions to Net Assets Attributed to:		
Investment Income:		
Interest and dividends	\$ 311,706	\$ 524,897
Other income	15,351	-
Net (depreciation) appreciation in fair value of investments	(2,400,631)	483,781
	<u>(2,073,574)</u>	<u>1,008,678</u>
Contributions:		
Participants	1,725,875	1,467,065
Employer match	687,576	583,168
Rollover	294,325	477,972
	<u>2,707,776</u>	<u>2,528,205</u>
Total additions	<u>634,202</u>	<u>3,536,883</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	302,267	377,230
Administrative expenses	2,182	2,100
Total deductions	<u>304,449</u>	<u>379,330</u>
Net Increase	329,753	3,157,553
Net Assets Available for Benefits:		
Beginning of Year	<u>8,337,818</u>	<u>5,180,265</u>
End of Year	<u>\$ 8,667,571</u>	<u>\$ 8,337,818</u>

See accompanying notes to financial statements.

**SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118**

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 1 – Plan Description

The following description of SUNZ Holdings, LLC 401(k) Plan (the “Plan”), provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan.

General

The Plan is a participant directed, defined contribution plan covering substantially all full-time employees of SUNZ Holdings, LLC. (the "Company") and the Controlled Group’s participating members: SUNZ Insurance Solutions, LLC, Ascential Care Partners, LLC, Avalon Subrogation Partners, LLC, SUNZ Insurance Services, LLC., Verytus Holdings, LLC, Exit Strategy I, LLC, Sixth Avenue West, LLC, Next Level Administrators, Watchpoint, LLC, ACS Claim Service, Inc., and Acelevent Premium Audit, LLC. Upon startup of the Plan, February 1, 2019, all current employees were eligible to participate. After this time, employees become eligible to participate in the Plan once they attained age 21 on the first of the month following the date of hire with at least one hour in each month. If the employee does not meet these eligibility requirements the employee still may be eligible to participate upon the completion of a year of service at the end of the eligibility computation period. Once this requirement is met the employee may enter the Plan on the first day of each calendar month of the plan year, coincident with or next following satisfaction of the eligibility requirements. Capital Bank and Trust Co. is the plan custodian and is responsible for holding and investing Plan assets at the direction of the participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees and Investment Committee of the Plan determine the appropriateness of the Plan’s investment offerings, monitor custodians and investment performance, and are assisted by qualified investment professionals.

Contributions

Plan participants may voluntarily contribute, on a pre-tax basis, up to 100% of their compensation to the Plan as allowed by the Internal Revenue Service. All investments are participant directed. The maximum allowable pre-tax voluntary contribution, as determined by the Internal Revenue Service, for the years 2022 and 2021 was \$20,500 and \$19,500 respectively for each year. Participants over 50 may be able to contribute an additional \$6,500 for 2022 and 2021.

Plan participants may also designate some or all of their elective deferral as designated Roth contributions, which is not on a pre-tax basis. If certain requirements are met, future distributions of money held in a participant’s designated Roth account, including earnings, will be tax free. According to the Plan document, contributions are matched at the discretion of the Company. The match is 50% of the first 8% of elective deferrals. The deferrals are funded bi-weekly and invested based on each individual participant’s investment allocations.

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 1 – Plan Description – continued

Contributions – continued

Roth contributions are matched in the same manner as non-Roth contributions. Matching Roth contributions must be allocated to a pretax account. Participants may also contribute (rollover) amounts representing vested distributions from other qualified plans. The Plan has an additional discretionary contribution feature which the Company has not funded during the current year.

Participant Accounts

Each participant account is credited with the participant's contribution, their pro rata share of Company contributions, an allocation of Plan earnings (including market value adjustments on Plan investments) and administrative charges, if any. Allocations of earnings are based on account balances, as defined in the Plan agreement.

Distribution of Participant Accounts

The entire vested balance of a participant's account may be distributed as soon as administratively possible after the date of the participant's retirement, disability, or death. The normal retirement age, as defined by the Plan, is 65. A participant who has obtained the age of 65 and satisfies the conditions for early retirement becomes fully vested at termination.

Upon termination of service, a participant with an account value of \$1,000 - \$4,999 may receive a lump sum distribution within a reasonable amount of time after termination. Participants whose balances are in that range may also choose to execute rollover instructions to have their funds placed into an IRA or other qualified plan or leave their investments intact by establishing their own IRA at American Funds. For accounts exceeding \$5,000 participants may choose a lump sum distribution, execute rollover instructions to an IRA or other qualified plan, or leave their account tied to the SUNZ 401(K) Plan account. Participants whose account balances are less than \$1,000 typically receive a lump sum distribution.

Vesting

All participants are immediately vested in their contributions and actual earnings thereon. Vesting in the Company's contribution to the participants' accounts is as follows:

<u>Years of credited service</u>	<u>Percent vested</u>
Less than 1	0%
1	33.3%
2	66.6%
3	100%

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 1 – Plan Description – continued

Vesting - continued

One hundred percent (100%) of rollover contributions from the Company's previous Simple IRA Plan were immediately vested in the Plan regardless of length of service.

Expenses

Certain expenses of maintaining the Plan (plan administrator, audit and ERISA Bond) are paid directly by the Company and are excluded from these financial statements. At the Company's discretion, certain administrative expenses such as recordkeeping, required plan amendments, audits, etc. may be paid from Plan assets. Investment related expenses are included in net appreciation of fair value of investments.

Forfeited Benefits

When terminations of participation in the Plan occur, the non-vested portion of the participant's account as defined by the Plan represent a forfeited benefit. The forfeited benefits may be used to pay reasonable Plan expenses or used to reduce any matching contribution. As of December 31, 2022 and 2021, there was approximately \$21,000 and \$18,000 in forfeitures, respectively.

Administration of Plan Assets

The Plan's assets are held by the investment custodian, Capital Bank and Trust. Contributions are held and managed by the investment custodian, who invests cash received, interest, and dividend income and makes distributions at the direction of the participants.

Certain administrative functions are performed by officers or employees of SUNZ Holdings, LLC. No such officer or employee receives compensation from the Plan.

Investment Options

The contributions to the Plan, from both employee and employer, are allocated to the various funds at the direction of the participant. Plan participants have various investment options within the American Funds family of investments.

**SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118**

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in compliance with the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA and are presented on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value based on quoted market value. Mutual fund shares are valued at quoted market price. Purchase and sales are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. See Note 5 for discussion of fair value measurements.

Use of Estimates

The preparation of the financial statements in conformity with GAAP and the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and their changes and disclosure of contingent assets and liabilities as of the year then ended. Accordingly, actual results could differ from these estimates.

Risks and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rates, credit and overall volatility risk. 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.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events were evaluated through October 10, 2023 which is the date the financial statements were available to be issued.

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 3 – Tax Status

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, a prototype, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan’s tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

The Plan adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification 740-10, *Accounting for Uncertainty in Income Taxes*. The Plan is required to evaluate each of its tax positions to determine if they are more likely than not to be sustained if the taxing authority examines the respective position. A tax position includes an entity’s status, and the decision not to file a tax return. The Plan has evaluated each of its tax positions and has determined that no provision or liability for income taxes is necessary. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan files an income tax return in the U.S. federal jurisdiction and is subject to U.S. federal income tax examination by tax authorities for three years in general prior to the current year end.

Note 4 – Investments

The Plan Administrator has elected the method of compliance as permitted by ERISA Section 103 (a)(3)(C) and 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information certified by Capital Bank and Trust Company, as complete and accurate, except for comparing such information certified by the custodian of the Plan to the information included in the Plan’s financial statements and supplemental schedule.

The fair value of individual investments that represent 5% or more of the Plan’s net assets as of December 31, are as follows:

	2022	2021
American Funds Growth Fund of America R2	\$ 1,331,693	\$ 1,406,573
American Funds AMCAP R2	1,329,280	1,320,421
American Funds Washington Mutual R2	1,166,321	993,437
American Funds New Perspective R2	995,431	1,013,899
American Funds New Economy R2	453,910	589,889
American Funds SMALLCAP World R2	832,432	846,714
Other Holdings (1)	2,558,504	2,087,853
	<u>\$ 8,667,571</u>	<u>\$ 8,258,786</u>

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 4 – Investments - continued

(1) This balance consists of additional 21 holdings, as of December 31, 2022 and 2021, respectively, that individually do not exceed five percent of the net plan assets.

The Plan custodian also certified to the completeness and accuracy of the investment income within the accompanying statement of changes in net assets available for benefits.

Note 5 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 consists of quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. All investments were valued using Level 1 inputs.

Level 1 - Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and US Government securities are based on the closing price reported on the active market where the individual securities are traded.

The asset'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 must maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 5 – Fair Value Measurements - continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6 – Plan Termination

The Company has the right, under the Plan agreement, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in the Company's matching contribution. Any unallocated assets of the Plan shall be allocated to participant accounts in such a manner as the Company may determine. See Note 12 regarding merger of the Plan into the Acrisure 401(k) Savings Plan.

Note 7 – Excess Contributions Refundable

At December 31, 2022 and 2021, there are no payables for amounts refundable by the Plan to certain participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as displayed in the accompanying financial statements as of December 31, 2022 and 2021, and the information reported on Form 5500:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements:	\$ 8,667,571	\$ 8,337,818
Contributions receivable	-	(79,032)
Net assets available for benefits per Form 5500	<u>\$ 8,667,571</u>	<u>\$ 8,258,786</u>

Note 9 – ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2022 and 2021, the Plan's sponsor maintained appropriate bond coverage.

**SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118**

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 10 – Party-In-Interest

The assets of the Plan are invested with and valued by the custodian of the Plan, which is considered a party-in-interest as a provider of administrative investment management and accounting services to the funds. These transactions are exempt from the prohibited transaction rules.

The Company provides certain administrative functions to the Plan for which no fees are charged.

Note 11 – Administrative Fees

Substantially all administrative fees incurred by the Plan were related to contract administration. These costs were allocated to those specific participants. Audit fees and ERISA bond were paid for by the plan sponsor and have not been recorded in the plan. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Note 12 – Merger

On January 1, 2023, the Plan was merged into the Acrisure 401(k) Savings Plan. As a result, all investments were transferred from the existing Plan into the new Plan on that date.

Supplemental Schedules

**SUNZ Holdings LLC
401(K) PLAN
001-83-3441118**

Schedule I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2022

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of Investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Current Value
*	American Funds	American Funds AMCAP R2	\$ 1,329,280
*	American Funds	American Funds EuroPacific Growth Gr R2	72,801
*	American Funds	American Funds Growth Fund of America R2	1,331,693
*	American Funds	American Funds New Economy R2	453,910
*	American Funds	American Funds New Perspective R2	995,431
*	American Funds	American Funds New World R2	55,319
*	American Funds	American Funds SMALLCAP World R2	832,432
*	American Funds	American Funds American Mutual R2	145,242
*	American Funds	American Funds Capital World G/I R2	143,903
*	American Funds	American Funds Developing World G/I R2	26,158
*	American Funds	American Funds Fundamental Invs R2	194,663
*	American Funds	American Funds International Gr & Inc R2	79,110
*	American Funds	American Funds Investment Co of America R2	85,418
*	American Funds	American Funds Washington Mutual R2	1,166,321
*	American Funds	American Funds American Balanced R2	205,100
*	American Funds	American Funds Bond Fund of America R2	233,981
*	American Funds	American Funds American Hi Inc Tr R2	46,264
*	American Funds	American Funds Inflation Linked Bond Fund R2	88,870
*	American Funds	American Funds U.S. Government Money Market Fund R2	328,804
*	American Funds	American Funds 2015 Target Date Fund R2	13,463
*	American Funds	American Funds 2025 Target Date Fund R2	136,037
*	American Funds	American Funds 2030 Target Date Fund R2	92,600
*	American Funds	American Funds 2035 Target Date Fund R2	28,911
*	American Funds	American Funds 2040 Target Date Fund R2	369,893
*	American Funds	American Funds 2045 Target Date Fund R2	134,060
*	American Funds	American Funds 2050 Target Date Fund R2	52,444
*	American Funds	American Funds 2055 Target Date Fund R2	25,461
		Total Assets Held for Investment	<u>\$ 8,667,571</u>

Note: Historical cost information is unavailable and is not required to be disclosed as the Plan is entirely participant directed.

* Party-in-interest

See accompanying notes to financial statements.

**SUNZ Holdings, LLC
401(K) PLAN
001-83-3441118**

Schedule II

Schedule of Reportable Transactions

For the year ended December 31, 2022

SEE ATTACHED

See accompanying notes to financial statements.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)
SUNZ Holdings, LLC 401(k) Plan
01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3RABXX	21,532.34	21,532.340000	128	(18,089.20)	(18,089.200000)	6	(18,089.20)	SERIES
4RABXX	13,406.42	13,406.420000	21	0.00	0.000000	0	0.00	SERIES
IRAFBX	623,150.65	21,831.920725	8593	(100,807.97)	(3,338.864302)	75	(114,196.95)	SERIES
IRERBX	47,305.53	974.840520	1997	(19,162.09)	(400.413858)	37	(25,526.39)	SERIES
IRGABX	585,865.06	11,280.567832	8675	(124,218.16)	(2,367.180756)	72	(145,685.03)	SERIES
IRNGBX	62,920.83	1,508.417622	1602	(18,564.83)	(412.809806)	15	(22,487.89)	SERIES
IRNPBX	351,536.20	7,227.379604	6798	(52,557.17)	(1,057.051834)	44	(62,028.22)	SERIES
IRNWBX	24,719.13	374.461695	1238	(39,678.26)	(627.586903)	19	(51,954.97)	SERIES
IRSLBX	322,284.89	6,345.618697	5836	(65,479.47)	(1,238.453515)	66	(85,127.35)	SERIES
IRMF BX	75,007.76	1,527.605352	2265	(6,069.93)	(124.719248)	12	(5,753.95)	SERIES
IRWIBX	56,320.12	1,074.357131	2068	(17,783.84)	(360.741975)	31	(20,950.22)	SERIES
IRDWBX	16,334.86	1,721.399789	969	(11,087.15)	(1,209.206703)	21	(14,615.33)	SERIES
IRENBX	72,600.34	1,148.321726	1373	(1,974.63)	(30.353382)	8	(2,216.21)	SERIES
IRICBX	21,029.09	656.713392	1274	(2,151.07)	(70.225549)	8	(2,684.15)	SERIES
IRWMBX	36,608.82	835.233795	1260	(22,541.68)	(517.277623)	9	(24,162.32)	SERIES
IRLB BX	392,290.13	7,418.508088	7834	(68,576.19)	(1,278.995470)	58	(69,126.90)	SERIES
IRBFBX	62,086.64	2,089.083789	2129	(17,344.52)	(569.578632)	25	(17,740.93)	SERIES
IRITBX	63,714.87	5,293.774340	2662	(7,564.67)	(636.434538)	26	(8,427.27)	SERIES
IRILBX	18,845.04	1,988.904841	1338	(4,440.03)	(479.189022)	29	(4,932.84)	SERIES
IRABXX	152,580.87	15,184.214774	992	(103,663.15)	(11,153.170678)	7	(113,018.12)	SERIES
IRBTTX	209,059.98	209,059.980000	1156	(40,376.66)	(40,376.660000)	39	(40,376.66)	SERIES
IRBTTX	7,684.47	655.645354	56	0.00	0.000000	0	0.00	SERIES
IRBTTX	92,458.92	6,476.587049	238	0.00	0.000000	0	0.00	SERIES
IRBFTX	34,730.80	2,301.856516	286	(1,209.67)	(80.860274)	2	(1,180.56)	SERIES
IRBFTX	15,974.22	982.543635	172	0.00	0.000000	0	0.00	SERIES
IRBKT X	90,815.03	5,261.034975	271	0.00	0.000000	0	0.00	SERIES
IRBHTX	45,262.93	2,636.020918	277	(1,149.92)	(69.692331)	4	(1,293.09)	SERIES
IRBMTX	26,527.31	1,568.580246	221	0.00	0.000000	0	0.00	SERIES
IRBMTX	11,238.80	535.130809	69	0.00	0.000000	0	0.00	SERIES
IRBNTX	3,019.58	214.503818	32	(3,005.20)	(214.503818)	2	(3,019.58)	SERIES

LEGEND

INVESTMENT OPTION:

3RABXX	American Funds US Govt Money Market R2
IRAFBX	American Funds AMCAP R2
IRGABX	American Funds Growth Fund of Amer R2
IRNPBX	American Funds New Perspective R2
IRSLBX	American Funds SMALLCAP World R2
IRWIBX	American Funds Capital World G/I R2
IRFNBX	American Funds Fundamental Invs R2
IRICBX	American Funds Invmt Co of America R2
IRLB BX	American Funds American Balanced R2
IRITBX	American Funds American Hi Inc Tr R2
IRABXX	American Funds US Govt Money Market R2
IRBTTX	American Funds 2025 Target Date Fund R2
IRBFTX	American Funds 2035 Target Date Fund R2
IRBHTX	American Funds 2045 Target Date Fund R2
IRBMTX	American Funds 2055 Target Date Fund R2
IRBNTX	American Funds 2060 Target Date Fund R2
4RABXX	American Funds US Govt Money Market R2
IRERBX	American Funds EuroPacific Gr R2
IRNGBX	American Funds New Economy R2
IRNWBX	American Funds New World R2
IRMF BX	American Funds American Mutual R2
IRDWBX	American Funds Developing World G/I R2
IRIGBX	American Funds International Gr & Inc R2
IRWMBX	American Funds Washington Mutual R2
IRBFBX	American Funds Bond Fund of Amer R2
IRILBX	American Funds Inflation Linked Bd Fd R2
IRBTTX	American Funds 2015 Target Date Fund R2
IRBETX	American Funds 2030 Target Date Fund R2
IRBKT X	American Funds 2040 Target Date Fund R2
IRBITX	American Funds 2050 Target Date Fund R2
IRBNTX	American Funds 2060 Target Date Fund R2

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

SUNZ Holdings, LLC 401(k) Plan

01-JAN-22 to 31-DEC-22

14-JAN-23 16:34:35

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RAFBX			1,703,136.68	1,329,280.35
1RERBX			86,959.31	72,800.59
1RGABX			1,772,519.82	1,331,693.40
1RNGBX			618,167.99	453,909.93
1RNPBX			1,242,022.15	995,431.22
1RNWBX			67,061.82	55,319.08
1RSLBX			1,112,835.09	832,431.69
1RMFBX			144,898.00	145,241.78
1RWIBX			160,851.91	143,902.73
1RDWBX			30,213.58	26,157.64
1RFNBX			226,348.90	194,663.22
1RIGBX			91,553.34	79,109.71
1RICBX			94,319.48	85,417.83
1RWMBX			1,176,563.10	1,166,320.89
1RLBBX			218,136.14	205,100.29
1RFBFX			278,363.17	233,981.45
1RITBX			50,873.07	46,264.43
1RILBX			103,261.61	88,870.05
1RABXX			288,596.49	288,596.49
1RBJTX			14,854.32	13,462.58
1RBDTX			153,425.43	136,036.97
1RBETX			104,422.92	92,600.29
1RBFTX			33,028.26	28,910.92
1RBKTX			421,954.08	369,893.03
1RBHTX			162,536.87	134,060.28
1RBITX			61,232.49	52,444.32
1RBMTX			29,497.07	25,461.46
			10,447,633.09	8,627,362.62
FORFEITURES			40,207.97	40,207.97

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

SUNZ Holdings, LLC 401(k) Plan

01-JAN-22 to 31-DEC-22

14-JAN-23 16:34:35

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

IRAFBX	American Funds AMCAP R2	1RERBX	American Funds EuroPacific Gr R2
IRGABX	American Funds Growth Fund of Amer R2	1RNGBX	American Funds New Economy R2
IRNPBX	American Funds New Perspective R2	1RNWBX	American Funds New World R2
IRSLBX	American Funds SMALLCAP World R2	1RMFBX	American Funds American Mutual R2
IRWIBX	American Funds Capital World G/I R2	1RDWBX	American Funds Developing World G/I R2
IRFNBX	American Funds Fundamental Invs R2	1RIGBX	American Funds International Gr & Inc R2
IRICBX	American Funds Invt Co of America R2	1RWMBX	American Funds Washington Mutual R2
IRLBXX	American Funds American Balanced R2	1RFBFX	American Funds Bond Fund of Amer R2
IRITBX	American Funds American Hi Inc Tr R2	1RILBX	American Funds Inflation Linked Bd Fd R2
IRABXX	American Funds US Govt Money Market R2	1RBJTX	American Funds 2015 Target Date Fund R2
IRBDTX	American Funds 2025 Target Date Fund R2	1RBETX	American Funds 2030 Target Date Fund R2
IRBFTX	American Funds 2035 Target Date Fund R2	1RBKTX	American Funds 2040 Target Date Fund R2
IRBHTX	American Funds 2045 Target Date Fund R2	1RBITX	American Funds 2050 Target Date Fund R2
IRBMTX	American Funds 2055 Target Date Fund R2		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year