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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 04/30/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><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.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input checked="" type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input checked="" type="checkbox"/> an amended return/report</div> <div><input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                         |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>VIALTO PARTNERS US RETIREMENT PLAN                                                                                                                                                                                                                                                                                   |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>04/30/2022                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GALAXY US OPCO INC.<br><br>100 CAMBRIDGE ST<br>14TH FLOOR<br>BOSTON, MA 02114 |
| 2b      | Employer Identification Number (EIN)<br>87-3913943                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>941-241-7737                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>541213                                                                                                                                                                                                                                                                                           |

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. | 04/29/2024 | PAULA KRUPA                                                  |
|           | 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

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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name <b>GALAXY US OPCO INC.</b><br><b>c</b> Plan Name <b>VIALTO PARTNERS US RETIREMENT PLAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN <b>87-3913943</b><br><b>4d</b> PN <b>002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">585</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | 585                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 585                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">473</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">627</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">10</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">637</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">637</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">597</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">9</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b>             | 473                                        | <b>6a(2)</b> | 627                                 | <b>6b</b> |     | <b>6c</b>                | 10                            | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 637 | <b>6e</b> |                          | <b>6f</b> | 637 | <b>6g</b>                | 597                                        | <b>6h</b> | 9                                   |       |     |                          |                               |
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| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
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| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 637                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
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| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 637                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 597                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2F 2G 2J 2K 2R 2E 2S 2A 2T 3D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (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 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> |     | (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 |
| (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a Pension Schedules</b><br/>           (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/>           (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/>           (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </td> <td style="width: 50%; vertical-align: top;"> <b>b General Schedules</b><br/>           (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/>           (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br/>           (3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br/>           (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/>           (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/>           (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                          |                                            |              |                                     |           |     |                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |           |                          |           |     |                          |                                            |           |                                     |       |     |                          |                               |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/30/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>VIALTO PARTNERS US RETIREMENT PLAN                                       | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GALAXY US OPCO INC.              | D Employer Identification Number (EIN)<br>87-3913943 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

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

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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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 2866                                                                   | Yes <input type="checkbox"/> No <input checked="" 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>04/30/2022</b> and ending <b>12/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>VIALTO PARTNERS US RETIREMENT PLAN</b>                                       | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>GALAXY US OPCO INC.</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>87-3913943</b> |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                 |                               |                                                                                                                     |
|---------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BR EAFE EQUITY IDX R</b>      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-3802495-007</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4947284</b>  |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WT BR LIFEPATH RET</b>        |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>26-3773846-157</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7187311</b>  |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WT BR LIFEPATH 2055</b>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>46-3302432-178</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1902917</b>  |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WT BR LIFEPATH 2060</b>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>47-2700166-158</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1691832</b>  |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BR EM MKT EQ IDX R</b>        |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST, N.A.</b> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-3802262-008</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>627453</b>   |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLK RK R2000 IDX R</b>        |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>20-3802587-004</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6251896</b>  |
|                                                                                 |                               |                                                                                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WT BR LIFEPATH 2030</b>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>       |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>26-3770302-153</b>                                           | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11820504</b> |

|                                                                                       |                        |                                                                                                              |
|---------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WT BR LIFEPAH 2045                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-3770058-150                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4031688  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GS STABLE VAL INST1                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA      |                        |                                                                                                              |
| <b>c</b> EIN-PN 13-4166989-025                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9602269  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WT BR LIFEPAH 2025                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-3773730-154                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 986097   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WT BR LIFEPAH 2035                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-3770263-152                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2464640  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BR MSCI ACWI EX US R                   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-2912262-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2257268  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CT EMERGING MARKETS                    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY            |                        |                                                                                                              |
| <b>c</b> EIN-PN 85-2903213-178                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2755495  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BR EQUITY INDEX R                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-3802168-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34068090 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVS CORE FI TR B1                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY               |                        |                                                                                                              |
| <b>c</b> EIN-PN 84-1126600-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1437527  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN                      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 27-0833992-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 783762   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WT BR LIFEPAH 2050                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-3763061-149                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11173619 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOT RET BOND LP

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-4097323-471 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396612 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WT BR LIFEPAH 2040

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-3770208-151 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19013926 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BR 20+ TREASURY BD R

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 82-1419569-319 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1533581 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GG GLOBAL ALLOC R

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-3783885-940 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72960 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>04/30/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>VIALTO PARTNERS US RETIREMENT PLAN</u>                                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GALAXY US OPCO INC.</u>                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>87-3913943</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 0                     | 7426            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 212489          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 0                     | 1264876         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 0                     | 125006731       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 0                     | 10225155        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 0                     | 136716677       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |   |           |
|-----------------------------------------------------------|-----------|---|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 0 | 136716677 |
|-----------------------------------------------------------|-----------|---|-----------|

**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**

|                                                                                                            |                 |         |          |
|------------------------------------------------------------------------------------------------------------|-----------------|---------|----------|
| <b>a Contributions:</b>                                                                                    |                 |         |          |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 5059863 |          |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 4358801 |          |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 2564174 |          |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0       | 11982838 |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |         |          |
| <b>b Earnings on investments:</b>                                                                          |                 |         |          |
| (1) Interest:                                                                                              |                 |         |          |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 3201    |          |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0       |          |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 0       |          |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> | 0       |          |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 15018   |          |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 0       |          |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |         | 18219    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0       |          |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 0       |          |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 680005  |          |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |         | 680005   |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |         | 0        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....                                  | <b>2b(4)(A)</b> | 0       |          |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0       |          |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |         |          |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> | 0       |          |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> | 0       |          |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |         |          |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -6031538  |
| (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) |            | -861784   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 5787740   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1127533    |           |
| (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)  |            | 1127533   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 26101     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 18462     |
| 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)  | 2071       |           |
| (4) Other .....                                                                                 | 2i(4)  | 2866       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 4937      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1177033   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 4610707   |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 132105970 |
| (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: **WARREN AVERETT LLC**

(2) EIN: **45-4084437**

**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   |    | 4044094 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 04/30/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>VIALTO PARTNERS US RETIREMENT PLAN                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GALAXY US OPCO INC.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>87-3913943                                            |
| 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):<br><br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |                          |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|------------|
| <b>14</b> 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:                                                                                                            | <b>14a</b>               |            |            |
| <b>a</b> 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)..... |                          | <b>14b</b> |            |
| <b>b</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) .....                                                                                                |                          |            | <b>14c</b> |
| <b>c</b> 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) .....                                                                                                                           |                          |            |            |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b>               |            |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |                          | <b>15b</b> |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |                          |            |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b>               |            |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |                          | <b>16b</b> |            |
| <b>b</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.....                                                                                                                                                           |                          |            |            |
| <b>17</b> 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 .....                                                                                           | <input type="checkbox"/> |            |            |

**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 \_\_\_\_\_

**VIALTO PARTNERS US RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**AS OF DECEMBER 31, 2022  
AND FOR THE PERIOD APRIL 30, 2022 (DATE OF INCEPTION)  
TO DECEMBER 31, 2022**



[www.warrenaverett.com](http://www.warrenaverett.com)

The report accompanying this deliverable was issued  
by Warren Averett, LLC.

**VIALTO PARTNERS US RETIREMENT PLAN  
TABLE OF CONTENTS  
DECEMBER 31, 2022**

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|                                                                                                  |          |
|--------------------------------------------------------------------------------------------------|----------|
| <b>INDEPENDENT AUDITORS' REPORT</b>                                                              | <b>1</b> |
| <b>FINANCIAL STATEMENTS</b>                                                                      |          |
| Statement of Net Assets Available for Benefits                                                   | 4        |
| Statement of Changes in Net Assets Available for Benefits                                        | 5        |
| Notes to the Financial Statements                                                                | 6        |
| <b>SUPPLEMENTARY INFORMATION</b>                                                                 |          |
| Schedule H, (Form 5500)<br>Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions | 12       |
| Schedule H (Form 5500)<br>Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)          | 13       |

## INDEPENDENT AUDITORS' REPORT

The Participants and Administrator  
Vialto Partners US Retirement Plan

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

We have performed an audit of the accompanying financial statements of Vialto Partners US Retirement 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 statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the period April 30, 2022 (date of inception) to 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 audit of the 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 audit 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 for the period April 30, 2022 (date of inception) to December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate on the financial statements.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' 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 (GAAP).
- 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have are 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 GAAP, 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.

**Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance; and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, 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 Delinquent Participant Contributions for the period April 30, 2022 to December 31, 2022 and Schedule of Assets (Held at End of Year) as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Warren Averett, LLC*

Atlanta, Georgia  
March 25, 2024

**VIALTO PARTNERS US RETIREMENT PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2022**

---

|                                          |                                     |
|------------------------------------------|-------------------------------------|
| <b>INVESTMENTS, at fair value</b>        | <b>\$ 135,451,801</b>               |
| <b>NOTES RECEIVABLE TO PARTICIPANTS</b>  | <u><b>1,264,876</b></u>             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u><b>\$ 136,716,677</b></u></u> |

See notes to the financial statements.

**VIALTO PARTNERS US RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE PERIOD APRIL 30, 2022 (DATE OF INCEPTION) TO DECEMBER 31, 2022**

---

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

|                                                       |                          |
|-------------------------------------------------------|--------------------------|
| Contributions                                         |                          |
| Employer                                              | \$ 5,059,863             |
| Participant                                           | 4,358,801                |
| Rollover                                              | <u>2,564,174</u>         |
| Total contributions                                   | 11,982,838               |
| Interest and dividend income                          | 683,206                  |
| Interest income on notes receivable from participants | <u>15,018</u>            |
| <b>TOTAL ADDITIONS</b>                                | <u><b>12,681,062</b></u> |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

|                                               |                         |
|-----------------------------------------------|-------------------------|
| Benefits paid to participants                 | 1,172,096               |
| Net depreciation in fair value of investments | 6,893,322               |
| Administrative expenses                       | <u>4,937</u>            |
| <b>TOTAL DEDUCTIONS</b>                       | <u><b>8,070,355</b></u> |

**NET INCREASE PRIOR TO PLAN MERGER (NOTE 1)** 4,610,707

**PLAN MERGER (NOTE 1)** 132,105,970

**NET ASSETS AVAILABLE FOR BENEFITS AT:**

|                     |                                     |
|---------------------|-------------------------------------|
| BEGINNING OF PERIOD | <u>-</u>                            |
| END OF PERIOD       | <u><u><b>\$ 136,716,677</b></u></u> |

See notes to the financial statements.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

---

## **1. DESCRIPTION OF PLAN**

The following description of the Vialto Partners US Retirement 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 was established on April 30, 2022 and is a defined contribution plan covering eligible employees of Galaxy US Opco Inc. (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Employees are eligible to participate upon attainment of age 21 and completion of 60 days of service, as defined, except for employees covered by a collective bargaining agreement, leased employees, nonresident aliens who do not receive any earned income from the Company which constitutes United States source income and student interns. Employee participation is voluntary.

Effective June 1, 2022, the following plans were merged into the Plan and reported as Plan mergers within the statement of changes in net assets available for benefit for the period April 30, 2022 to December 31, 2022:

- Savings Plan for Employees and Partners of PricewaterhouseCoopers LLP (limited to employees of the Company);
- Retirement Wealth Builder Plan for IFS Staff of PricewaterhouseCoopers LLP (limited to employees of the Company); and
- Retirement Wealth Build Plan of PricewaterhouseCoopers LLP (limited to employees of the Company).

### **Plan Administration**

Fidelity Management Trust Company is the trustee of the Plan. The Company is the Plan administrator.

### **Contributions**

Participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, which is subject to limitations imposed by the Internal Revenue Code (the IRC). Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans, as defined. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In addition, participants may also elect to contribute up to 100% of their eligible compensation on an after-tax basis.

The Plan allows an automatic enrollment feature for participants who are enrolled by automatic election, the participant's contribution rate will be automatically increased annually by 1% of compensation up to a maximum rate of 6% of compensation. Automatic annual increase will be effective on the first pay date following each anniversary of the date the participant first made automatic contributions to the Plan.

Eligible Plan participants who contribute, receive Company matching contributions. The Company will match 25% of contributions up to 6% of eligible compensation. The Company may (but is not required to) make discretionary contributions from year-to-year during the continuance of the Plan.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

---

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of: a) the Company's contributions, b) Plan earnings (losses), and c) administrative fees and withdrawals, as applicable. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. Participants may direct their contributions and existing account balances to one or any combination of the options available.

**Vesting**

Participants are immediately vested in the value of their own contributions. For Company matching and discretionary contributions, the vesting schedule is as follows:

| <u>Years of Vesting Service</u> | <u>Vesting Percentage</u> |
|---------------------------------|---------------------------|
| Less than 2 years               | 0%                        |
| 2-3 years                       | 20%                       |
| 3-4 years                       | 40%                       |
| 4-5 years                       | 60%                       |
| 5 or more years                 | 100%                      |

Forfeitures will be utilized to decrease Company contributions or to offset administrative expenses. As of December 31, 2022, forfeited accounts totaled approximately \$22,500. For the period April 30, 2022 to December 31, 2022, there were no forfeitures used.

**Notes Receivable from Participants**

Participants can borrow from their fund accounts up to a maximum of \$50,000 or 50% of their account balance, whichever was less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined under the Plan. Principal and interest are paid ratably through payroll deductions.

**Plan Termination**

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

**Payment of Benefits**

Benefits are payable to the participant or beneficiary at the time of retirement, disability, termination, or death. The Plan also allows for in-service withdrawals due to hardship or upon reaching age 59.5. Benefit payments are through lump-sum payments, partial payments or annuities which equal to the value of the participant's vested interest in his or her account.

**Administrative Expenses**

Certain of the Plan's administrative expenses are paid by the Company. Expenses not paid by the Company are paid by the Plan.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

---

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### **Risks and Uncertainties**

The Plan provides for various investment options, including mutual funds, common collective trust (CCT) funds and a self-directed brokerage option. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 financial statements.

### **Notes Receivable from Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. 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. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount 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.

*Mutual funds:* Valued based upon quoted market prices of the net asset value (NAV) of shares held by the Plan at year end.

*CCT funds:* Valued at the NAV of units held by the Plan at year-end. The NAV in the CCT funds is determined by the custodian of the respective fund based on the fair market value of the underlying assets. There are no redemption restrictions or commitments associated with the CCT funds.

Purchase and sale of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

Management fees, all reasonable expenses incurred such as accounting, professional, custodian, and transfer agent fees are charged to the Plan on a proportionate basis.

**Payment of Benefits**

Benefits are recorded when paid.

**3. FAIR VALUE MEASUREMENT**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritized 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 inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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.
- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

|                                          | <u>Level 1</u> | <u>Total</u>          |
|------------------------------------------|----------------|-----------------------|
| Mutual funds                             | \$ 8,734,185   | \$ 8,734,185          |
| Self Directed Brokerage Account          | 1,710,885      | 1,710,885             |
| Investments valued at NAV <sup>(1)</sup> |                | <u>125,006,731</u>    |
| Total investments, at fair value         |                | <u>\$ 135,451,801</u> |

<sup>(1)</sup>In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no Level 2 or 3 investments as of December 31, 2022.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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**4. INFORMATION CERTIFIED BY THE TRUSTEE**

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedule, including investments held as of December 31, 2022, and net depreciation in fair value of investments and interest and dividend income for the period April 30, 2022 to December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee of the Plan.

**5. INCOME TAX STATUS**

The Plan operates under a prototype plan. The underlying prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020 stating that the prototype plan is qualified under Section 401(a) of the IRC; and therefore, the related trust is tax-exempt. The Company has determined that it is eligible to and has chosen to rely on the current IRS prototype opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Company believes the Plan is being operated in compliance with the applicable requirements of the IRC; and therefore, believes the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**6. PARTY-IN-INTEREST TRANSACTIONS**

The Plan paid fees to the recordkeeper which totaled approximately \$5,000 for the period April 30, 2022 to December 31, 2022. The Plan also provided for notes receivable from participants. An affiliate of the trustee is the custodian of the self-directed brokerage account; and therefore, qualifies as an exempt party-in-interest.

Transactions in such administrative expenses and notes receivable from participants qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

**7. PROHIBITED TRANSACTIONS**

During 2022, the Company determined that certain amounts of participant deferrals were not remitted to the Plan in accordance with the DOL's rules regarding the timeliness of depositing such employee contributions, representing a nonexempt loan of funds to the Company from the Plan. During 2023, the Company is in the process taking remedial actions to correct the matter and remit lost earnings on delinquent contributions.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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**8. SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 25, 2024, which is the date the financial statements were available to be issued and have determined there are no subsequent events that require disclosure under FASB ASC Topic 855, *Subsequent Events*.

## **SUPPLEMENTARY INFORMATION**

**VIALTO PARTNERS US RETIREMENT PLAN  
PLAN SPONSOR'S EIN: 87-3913943 / PLAN NUMBER: 002  
FORM 5500, SCHEDULE H, PART IV, LINE 4(a)  
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
DECEMBER 31, 2022**

| <b>Totals that Constitute Nonexempt Prohibited Transactions</b> |                                                                       |                                            |                                                            |                                                             |                                                                         |
|-----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Date</b>                                                     | <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan</b> | <b>Contributions<br/>Not<br/>Corrected</b> | <b>Contributions<br/>Corrected<br/>Outside of<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction in<br/>VFCP</b> | <b>Total Fully<br/>Corrected<br/>Under<br/>VFCP and<br/>PTE 2002-51</b> |
| 5/13/2022                                                       | \$ 253,623                                                            | \$ 253,623                                 |                                                            |                                                             |                                                                         |
| 5/31/2022                                                       | 259,735                                                               | 259,735                                    |                                                            |                                                             |                                                                         |
| 6/15/2022                                                       | 284,455                                                               | 284,455                                    |                                                            |                                                             |                                                                         |
| 6/30/2022                                                       | 280,274                                                               | 280,274                                    |                                                            |                                                             |                                                                         |
| 7/15/2022                                                       | 272,060                                                               | 272,060                                    |                                                            |                                                             |                                                                         |
| 7/29/2022                                                       | 316,506                                                               | 316,506                                    |                                                            |                                                             |                                                                         |
| 8/15/2022                                                       | 278,043                                                               | 278,043                                    |                                                            |                                                             |                                                                         |
| 8/31/2022                                                       | 273,668                                                               | 273,668                                    |                                                            |                                                             |                                                                         |
| 9/15/2022                                                       | 271,497                                                               | 271,497                                    |                                                            |                                                             |                                                                         |
| 9/30/2022                                                       | 245,141                                                               | 245,141                                    |                                                            |                                                             |                                                                         |
| 10/7/2022                                                       | 401,241                                                               | 401,241                                    |                                                            |                                                             |                                                                         |
| 10/31/2022                                                      | 222,698                                                               | 222,698                                    |                                                            |                                                             |                                                                         |
| 11/15/2022                                                      | 212,319                                                               | 212,319                                    |                                                            |                                                             |                                                                         |
| 11/30/2022                                                      | 259,306                                                               | 259,306                                    |                                                            |                                                             |                                                                         |
| 12/15/2022                                                      | 213,528                                                               | 213,528                                    |                                                            |                                                             |                                                                         |

This schedule is presented in compliance with DOL requirements.

**VIALTO PARTNERS US RETIREMENT PLAN**  
**PLAN SPONSOR'S EIN: 87-3913943 / PLAN NUMBER: 002**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2022**

| (a)                                        | (b)<br>Identity of Issuer, Borrower<br>Lessor, or Similar Party                     | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | (e)<br>Current<br>Value |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Common Collective Trust Funds</b>       |                                                                                     |                                                                                                                      |                         |
|                                            | PGIM TOT RET BOND LP                                                                | Common Collective Trust Fund                                                                                         | \$ 396,612              |
|                                            | CT EMERGING MARKETS                                                                 | Common Collective Trust Fund                                                                                         | 2,755,494               |
|                                            | INVS CORE FI TR B1                                                                  | Common Collective Trust Fund                                                                                         | 1,437,527               |
|                                            | BR 20+ TREASURY BD R                                                                | Common Collective Trust Fund                                                                                         | 1,533,581               |
|                                            | GS STABLE VAL INST1                                                                 | Common Collective Trust Fund                                                                                         | 9,602,269               |
|                                            | WT GLOBAL ALLOC R                                                                   | Common Collective Trust Fund                                                                                         | 72,961                  |
|                                            | WT BR LIFEPATH RET                                                                  | Common Collective Trust Fund                                                                                         | 7,187,311               |
|                                            | WT BR LIFEPATH 2025                                                                 | Common Collective Trust Fund                                                                                         | 986,097                 |
|                                            | WT BR LIFEPATH 2030                                                                 | Common Collective Trust Fund                                                                                         | 11,820,504              |
|                                            | WT BR LIFEPATH 2035                                                                 | Common Collective Trust Fund                                                                                         | 2,464,640               |
|                                            | WT BR LIFEPATH 2040                                                                 | Common Collective Trust Fund                                                                                         | 19,013,926              |
|                                            | WT BR LIFEPATH 2045                                                                 | Common Collective Trust Fund                                                                                         | 4,031,689               |
|                                            | WT BR LIFEPATH 2050                                                                 | Common Collective Trust Fund                                                                                         | 11,173,619              |
|                                            | WT BR LIFEPATH 2055                                                                 | Common Collective Trust Fund                                                                                         | 1,902,917               |
|                                            | WT BR LIFEPATH 2060                                                                 | Common Collective Trust Fund                                                                                         | 1,691,832               |
|                                            | BR EM MKT EQ IDX R                                                                  | Common Collective Trust Fund                                                                                         | 627,453                 |
|                                            | BLKRK R2000 IDX R                                                                   | Common Collective Trust Fund                                                                                         | 6,251,896               |
|                                            | BR EAFE EQUITY IDX R                                                                | Common Collective Trust Fund                                                                                         | 4,947,285               |
|                                            | BR EQUITY INDEX R                                                                   | Common Collective Trust Fund                                                                                         | 34,068,090              |
|                                            | BR MSCI ACWI EX US R                                                                | Common Collective Trust Fund                                                                                         | 2,257,267               |
|                                            | PIMCO REAL RETURN                                                                   | Common Collective Trust Fund                                                                                         | 783,761                 |
| <b>Total Common Collective Trust Funds</b> |                                                                                     |                                                                                                                      | <b>125,006,731</b>      |
| <b>Mutual Funds</b>                        |                                                                                     |                                                                                                                      |                         |
|                                            | TRP US HIGH YIELD I                                                                 | Mutual Fund                                                                                                          | 1,473,076               |
|                                            | CALVERT BOND R6                                                                     | Mutual Fund                                                                                                          | 532,878                 |
|                                            | NB GENESIS R6                                                                       | Mutual Fund                                                                                                          | 5,817,077               |
|                                            | NTN GL STNBLTY IDX K                                                                | Mutual Fund                                                                                                          | 911,154                 |
| <b>Total Mutual Funds</b>                  |                                                                                     |                                                                                                                      | <b>8,734,185</b>        |
| *                                          | Fidelity                                                                            | Self Directed Brokerage Account                                                                                      | 1,710,885               |
| *                                          | Participant Loans                                                                   | Various participants                                                                                                 | 1,264,876               |
| <b>TOTAL INVESTMENTS</b>                   |                                                                                     |                                                                                                                      | <b>\$ 136,716,677</b>   |
| *                                          | <i>Party-in-interest</i>                                                            |                                                                                                                      |                         |
| **                                         | <i>Cost information is not required as all investments are participant-directed</i> |                                                                                                                      |                         |

This schedule is presented in compliance with DOL requirements.

March 25, 2024

Warren Averett LLC  
6 Concourse Parkway, Suite 600  
Atlanta, GA 30328

This representation letter is provided in connection with your audit of the financial statements of Vialto Partners US Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits for the period April 30, 2022 to December 31, 2022, and the related notes to the financial statements (collectively, the "financial statements").

The purpose of an ERISA Section 103(a)(3)(C) audit is to express an opinion on whether the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States and that the information regarding assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the certified investment information.

We elected to have the audit of the 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). We acknowledge that the audit did 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, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5, and that the certified investment information is appropriately measured, presented, and disclosed in accordance with accounting principles generally accepted in the United States of America.

Certain representations in this letter are described as being limited to matters that are material. Items are considered to be material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of March 25, 2024, the following representations made to you during your audit.

### Financial Statements

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated January 10, 2024, including our responsibility for the preparation and fair presentation of the financial statements.
- 2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 3) We acknowledge our responsibility for 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.

- 4) We acknowledge our responsibility 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.
- 5) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 6) The methods, significant assumptions, and data used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with U.S. GAAP.
- 7) Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
- 8) No events have occurred subsequent to the date of the financial statements for which U.S. GAAP requires adjustment or disclosure.
- 9) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- 10) Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed.
- 11) Material concentrations have been properly disclosed in accordance with U.S. GAAP.
- 12) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 13) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
- 14) The supplemental schedules or financial statements disclose the following:
  - a) All non-exempt party-in-interest transactions [as defined in ERISA Section 3(14) and regulations thereunder].
  - b) Investments or loans in default or considered to be uncollectible.
  - c) Reportable transactions [as defined in ERISA Section 103(b)(3)(H) and regulations thereunder].

## Information Provided

- 15) We have provided you with:
  - a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records (including information obtained from outside of the general and subsidiary ledgers), documentation, and other matters.
  - b) A substantially complete draft of Form 5500.
  - c) Additional information that you have requested from us for the purpose of the audit.
  - d) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
  - e) Current plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
- 16) All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- 17) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 18) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - 1) Management,

- 2) Employees who have significant roles in internal control, or
  - 3) Others where the fraud could have a material effect on the financial statements.
- 19) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- 20) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- 21) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- 22) We have disclosed to you the names of all of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions, including any side agreements.
- 23) The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- 24) We have no—
- 1) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- 25) Intentions to terminate the Plan. Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- 26) The methods and significant assumptions used to estimate fair values of financial instruments are noted in footnote 2 to the financial statements. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- 27) We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (*FASB Accounting Standards Codification (ASC) 820, Fair Value Measurement* [\(link\)](#)). In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in [FASB ASC 820](#).
- 28) All required amendments to and filings of the plan documents with the appropriate agencies have been made.
- 29) The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan (and trust). The Plan sponsor(s) has operated the Plan (and trust) in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, are in the process of being completed for the Plan, and any excess deferrals or contributions will be disposed of in accordance with regulations.
- 30) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan, except as disclosed in the financial statements. Management is in the process of correcting these contributions and calculating lost earnings and will submit to the participants as soon as administratively feasible.
- 31) The Plan has complied with the fidelity bonding requirements of ERISA.
- 32) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- 33) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).

#### **ERISA Required Supplemental Schedules**



We believe the form and content of the supplemental schedule are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Signature: Paula Krupa  
Title: Director of Global Benefits

**VIALTO PARTNERS US RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**AS OF DECEMBER 31, 2022  
AND FOR THE PERIOD APRIL 30, 2022 (DATE OF INCEPTION)  
TO DECEMBER 31, 2022**



[www.warrenaverett.com](http://www.warrenaverett.com)

The report accompanying this deliverable was issued  
by Warren Averett, LLC.

**VIALTO PARTNERS US RETIREMENT PLAN  
TABLE OF CONTENTS  
DECEMBER 31, 2022**

---

|                                                                                                  |          |
|--------------------------------------------------------------------------------------------------|----------|
| <b>INDEPENDENT AUDITORS' REPORT</b>                                                              | <b>1</b> |
| <b>FINANCIAL STATEMENTS</b>                                                                      |          |
| Statement of Net Assets Available for Benefits                                                   | 4        |
| Statement of Changes in Net Assets Available for Benefits                                        | 5        |
| Notes to the Financial Statements                                                                | 6        |
| <b>SUPPLEMENTARY INFORMATION</b>                                                                 |          |
| Schedule H, (Form 5500)<br>Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions | 12       |
| Schedule H (Form 5500)<br>Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)          | 13       |

## INDEPENDENT AUDITORS' REPORT

The Participants and Administrator  
Vialto Partners US Retirement Plan

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

We have performed an audit of the accompanying financial statements of Vialto Partners US Retirement 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 statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the period April 30, 2022 (date of inception) to 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 audit of the 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 audit 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 for the period April 30, 2022 (date of inception) to December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate on the financial statements.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' 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 (GAAP).
- 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have are 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 GAAP, 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.

**Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance; and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, 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 Delinquent Participant Contributions for the period April 30, 2022 to December 31, 2022 and Schedule of Assets (Held at End of Year) as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Warren Averett, LLC*

Atlanta, Georgia  
March 25, 2024

**VIALTO PARTNERS US RETIREMENT PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2022**

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|                                          |                                     |
|------------------------------------------|-------------------------------------|
| <b>INVESTMENTS, at fair value</b>        | <b>\$ 135,451,801</b>               |
| <b>NOTES RECEIVABLE TO PARTICIPANTS</b>  | <u><b>1,264,876</b></u>             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u><b>\$ 136,716,677</b></u></u> |

See notes to the financial statements.

**VIALTO PARTNERS US RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE PERIOD APRIL 30, 2022 (DATE OF INCEPTION) TO DECEMBER 31, 2022**

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**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

|                                                       |                          |
|-------------------------------------------------------|--------------------------|
| Contributions                                         |                          |
| Employer                                              | \$ 5,059,863             |
| Participant                                           | 4,358,801                |
| Rollover                                              | <u>2,564,174</u>         |
| Total contributions                                   | 11,982,838               |
| Interest and dividend income                          | 683,206                  |
| Interest income on notes receivable from participants | <u>15,018</u>            |
| <b>TOTAL ADDITIONS</b>                                | <u><u>12,681,062</u></u> |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

|                                               |                         |
|-----------------------------------------------|-------------------------|
| Benefits paid to participants                 | 1,172,096               |
| Net depreciation in fair value of investments | 6,893,322               |
| Administrative expenses                       | <u>4,937</u>            |
| <b>TOTAL DEDUCTIONS</b>                       | <u><u>8,070,355</u></u> |

**NET INCREASE PRIOR TO PLAN MERGER (NOTE 1)** 4,610,707

**PLAN MERGER (NOTE 1)** 132,105,970

**NET ASSETS AVAILABLE FOR BENEFITS AT:**

|                     |                              |
|---------------------|------------------------------|
| BEGINNING OF PERIOD | <u>-</u>                     |
| END OF PERIOD       | <u><u>\$ 136,716,677</u></u> |

See notes to the financial statements.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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## **1. DESCRIPTION OF PLAN**

The following description of the Vialto Partners US Retirement 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 was established on April 30, 2022 and is a defined contribution plan covering eligible employees of Galaxy US Opco Inc. (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Employees are eligible to participate upon attainment of age 21 and completion of 60 days of service, as defined, except for employees covered by a collective bargaining agreement, leased employees, nonresident aliens who do not receive any earned income from the Company which constitutes United States source income and student interns. Employee participation is voluntary.

Effective June 1, 2022, the following plans were merged into the Plan and reported as Plan mergers within the statement of changes in net assets available for benefit for the period April 30, 2022 to December 31, 2022:

- Savings Plan for Employees and Partners of PricewaterhouseCoopers LLP (limited to employees of the Company);
- Retirement Wealth Builder Plan for IFS Staff of PricewaterhouseCoopers LLP (limited to employees of the Company); and
- Retirement Wealth Build Plan of PricewaterhouseCoopers LLP (limited to employees of the Company).

### **Plan Administration**

Fidelity Management Trust Company is the trustee of the Plan. The Company is the Plan administrator.

### **Contributions**

Participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, which is subject to limitations imposed by the Internal Revenue Code (the IRC). Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans, as defined. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In addition, participants may also elect to contribute up to 100% of their eligible compensation on an after-tax basis.

The Plan allows an automatic enrollment feature for participants who are enrolled by automatic election, the participant's contribution rate will be automatically increased annually by 1% of compensation up to a maximum rate of 6% of compensation. Automatic annual increase will be effective on the first pay date following each anniversary of the date the participant first made automatic contributions to the Plan.

Eligible Plan participants who contribute, receive Company matching contributions. The Company will match 25% of contributions up to 6% of eligible compensation. The Company may (but is not required to) make discretionary contributions from year-to-year during the continuance of the Plan.

**VIALTO PARTNERS US RETIREMENT PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022**

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**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of: a) the Company's contributions, b) Plan earnings (losses), and c) administrative fees and withdrawals, as applicable. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. Participants may direct their contributions and existing account balances to one or any combination of the options available.

**Vesting**

Participants are immediately vested in the value of their own contributions. For Company matching and discretionary contributions, the vesting schedule is as follows:

| <u>Years of Vesting Service</u> | <u>Vesting Percentage</u> |
|---------------------------------|---------------------------|
| Less than 2 years               | 0%                        |
| 2-3 years                       | 20%                       |
| 3-4 years                       | 40%                       |
| 4-5 years                       | 60%                       |
| 5 or more years                 | 100%                      |

Forfeitures will be utilized to decrease Company contributions or to offset administrative expenses. As of December 31, 2022, forfeited accounts totaled approximately \$22,500. For the period April 30, 2022 to December 31, 2022, there were no forfeitures used.

**Notes Receivable from Participants**

Participants can borrow from their fund accounts up to a maximum of \$50,000 or 50% of their account balance, whichever was less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined under the Plan. Principal and interest are paid ratably through payroll deductions.

**Plan Termination**

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

**Payment of Benefits**

Benefits are payable to the participant or beneficiary at the time of retirement, disability, termination, or death. The Plan also allows for in-service withdrawals due to hardship or upon reaching age 59.5. Benefit payments are through lump-sum payments, partial payments or annuities which equal to the value of the participant's vested interest in his or her account.

**Administrative Expenses**

Certain of the Plan's administrative expenses are paid by the Company. Expenses not paid by the Company are paid by the Plan.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties**

The Plan provides for various investment options, including mutual funds, common collective trust (CCT) funds and a self-directed brokerage option. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 financial statements.

**Notes Receivable from Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. 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. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount 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.

*Mutual funds:* Valued based upon quoted market prices of the net asset value (NAV) of shares held by the Plan at year end.

*CCT funds:* Valued at the NAV of units held by the Plan at year-end. The NAV in the CCT funds is determined by the custodian of the respective fund based on the fair market value of the underlying assets. There are no redemption restrictions or commitments associated with the CCT funds.

Purchase and sale of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

Management fees, all reasonable expenses incurred such as accounting, professional, custodian, and transfer agent fees are charged to the Plan on a proportionate basis.

**Payment of Benefits**

Benefits are recorded when paid.

**3. FAIR VALUE MEASUREMENT**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritized 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 inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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.
- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

|                                          | <u>Level 1</u> | <u>Total</u>          |
|------------------------------------------|----------------|-----------------------|
| Mutual funds                             | \$ 8,734,185   | \$ 8,734,185          |
| Self Directed Brokerage Account          | 1,710,885      | 1,710,885             |
| Investments valued at NAV <sup>(1)</sup> |                | <u>125,006,731</u>    |
| Total investments, at fair value         |                | <u>\$ 135,451,801</u> |

<sup>(1)</sup>In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no Level 2 or 3 investments as of December 31, 2022.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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**4. INFORMATION CERTIFIED BY THE TRUSTEE**

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedule, including investments held as of December 31, 2022, and net depreciation in fair value of investments and interest and dividend income for the period April 30, 2022 to December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee of the Plan.

**5. INCOME TAX STATUS**

The Plan operates under a prototype plan. The underlying prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020 stating that the prototype plan is qualified under Section 401(a) of the IRC; and therefore, the related trust is tax-exempt. The Company has determined that it is eligible to and has chosen to rely on the current IRS prototype opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Company believes the Plan is being operated in compliance with the applicable requirements of the IRC; and therefore, believes the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**6. PARTY-IN-INTEREST TRANSACTIONS**

The Plan paid fees to the recordkeeper which totaled approximately \$5,000 for the period April 30, 2022 to December 31, 2022. The Plan also provided for notes receivable from participants. An affiliate of the trustee is the custodian of the self-directed brokerage account; and therefore, qualifies as an exempt party-in-interest.

Transactions in such administrative expenses and notes receivable from participants qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

**7. PROHIBITED TRANSACTIONS**

During 2022, the Company determined that certain amounts of participant deferrals were not remitted to the Plan in accordance with the DOL's rules regarding the timeliness of depositing such employee contributions, representing a nonexempt loan of funds to the Company from the Plan. During 2023, the Company is in the process taking remedial actions to correct the matter and remit lost earnings on delinquent contributions.

**VIALTO PARTNERS US RETIREMENT PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2022**

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**8. SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 25, 2024, which is the date the financial statements were available to be issued and have determined there are no subsequent events that require disclosure under FASB ASC Topic 855, *Subsequent Events*.

## **SUPPLEMENTARY INFORMATION**

**VIALTO PARTNERS US RETIREMENT PLAN**  
**PLAN SPONSOR'S EIN: 87-3913943 / PLAN NUMBER: 002**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4(a)**  
**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2022**

| <b>Totals that Constitute Nonexempt Prohibited Transactions</b> |                                                           |                                    |                                                |                                                 |                                                         |
|-----------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <b>Date</b>                                                     | <b>Participant Contributions Transferred Late to Plan</b> | <b>Contributions Not Corrected</b> | <b>Contributions Corrected Outside of VFCP</b> | <b>Contributions Pending Correction in VFCP</b> | <b>Total Fully Corrected Under VFCP and PTE 2002-51</b> |
| 5/13/2022                                                       | \$ 253,623                                                | \$ 253,623                         |                                                |                                                 |                                                         |
| 5/31/2022                                                       | 259,735                                                   | 259,735                            |                                                |                                                 |                                                         |
| 6/15/2022                                                       | 284,455                                                   | 284,455                            |                                                |                                                 |                                                         |
| 6/30/2022                                                       | 280,274                                                   | 280,274                            |                                                |                                                 |                                                         |
| 7/15/2022                                                       | 272,060                                                   | 272,060                            |                                                |                                                 |                                                         |
| 7/29/2022                                                       | 316,506                                                   | 316,506                            |                                                |                                                 |                                                         |
| 8/15/2022                                                       | 278,043                                                   | 278,043                            |                                                |                                                 |                                                         |
| 8/31/2022                                                       | 273,668                                                   | 273,668                            |                                                |                                                 |                                                         |
| 9/15/2022                                                       | 271,497                                                   | 271,497                            |                                                |                                                 |                                                         |
| 9/30/2022                                                       | 245,141                                                   | 245,141                            |                                                |                                                 |                                                         |
| 10/7/2022                                                       | 401,241                                                   | 401,241                            |                                                |                                                 |                                                         |
| 10/31/2022                                                      | 222,698                                                   | 222,698                            |                                                |                                                 |                                                         |
| 11/15/2022                                                      | 212,319                                                   | 212,319                            |                                                |                                                 |                                                         |
| 11/30/2022                                                      | 259,306                                                   | 259,306                            |                                                |                                                 |                                                         |
| 12/15/2022                                                      | 213,528                                                   | 213,528                            |                                                |                                                 |                                                         |

This schedule is presented in compliance with DOL requirements.

**VIALTO PARTNERS US RETIREMENT PLAN**  
**PLAN SPONSOR'S EIN: 87-3913943 / PLAN NUMBER: 002**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2022**

| (a)                                        | (b)<br>Identity of Issuer, Borrower<br>Lessor, or Similar Party                     | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | (e)<br>Current<br>Value |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Common Collective Trust Funds</b>       |                                                                                     |                                                                                                                      |                         |
|                                            | PGIM TOT RET BOND LP                                                                | Common Collective Trust Fund                                                                                         | \$ 396,612              |
|                                            | CT EMERGING MARKETS                                                                 | Common Collective Trust Fund                                                                                         | 2,755,494               |
|                                            | INVS CORE FI TR B1                                                                  | Common Collective Trust Fund                                                                                         | 1,437,527               |
|                                            | BR 20+ TREASURY BD R                                                                | Common Collective Trust Fund                                                                                         | 1,533,581               |
|                                            | GS STABLE VAL INST1                                                                 | Common Collective Trust Fund                                                                                         | 9,602,269               |
|                                            | WT GLOBAL ALLOC R                                                                   | Common Collective Trust Fund                                                                                         | 72,961                  |
|                                            | WT BR LIFEPATH RET                                                                  | Common Collective Trust Fund                                                                                         | 7,187,311               |
|                                            | WT BR LIFEPATH 2025                                                                 | Common Collective Trust Fund                                                                                         | 986,097                 |
|                                            | WT BR LIFEPATH 2030                                                                 | Common Collective Trust Fund                                                                                         | 11,820,504              |
|                                            | WT BR LIFEPATH 2035                                                                 | Common Collective Trust Fund                                                                                         | 2,464,640               |
|                                            | WT BR LIFEPATH 2040                                                                 | Common Collective Trust Fund                                                                                         | 19,013,926              |
|                                            | WT BR LIFEPATH 2045                                                                 | Common Collective Trust Fund                                                                                         | 4,031,689               |
|                                            | WT BR LIFEPATH 2050                                                                 | Common Collective Trust Fund                                                                                         | 11,173,619              |
|                                            | WT BR LIFEPATH 2055                                                                 | Common Collective Trust Fund                                                                                         | 1,902,917               |
|                                            | WT BR LIFEPATH 2060                                                                 | Common Collective Trust Fund                                                                                         | 1,691,832               |
|                                            | BR EM MKT EQ IDX R                                                                  | Common Collective Trust Fund                                                                                         | 627,453                 |
|                                            | BLKRK R2000 IDX R                                                                   | Common Collective Trust Fund                                                                                         | 6,251,896               |
|                                            | BR EAFE EQUITY IDX R                                                                | Common Collective Trust Fund                                                                                         | 4,947,285               |
|                                            | BR EQUITY INDEX R                                                                   | Common Collective Trust Fund                                                                                         | 34,068,090              |
|                                            | BR MSCI ACWI EX US R                                                                | Common Collective Trust Fund                                                                                         | 2,257,267               |
|                                            | PIMCO REAL RETURN                                                                   | Common Collective Trust Fund                                                                                         | 783,761                 |
| <b>Total Common Collective Trust Funds</b> |                                                                                     |                                                                                                                      | <b>125,006,731</b>      |
| <b>Mutual Funds</b>                        |                                                                                     |                                                                                                                      |                         |
|                                            | TRP US HIGH YIELD I                                                                 | Mutual Fund                                                                                                          | 1,473,076               |
|                                            | CALVERT BOND R6                                                                     | Mutual Fund                                                                                                          | 532,878                 |
|                                            | NB GENESIS R6                                                                       | Mutual Fund                                                                                                          | 5,817,077               |
|                                            | NTN GL STNBLTY IDX K                                                                | Mutual Fund                                                                                                          | 911,154                 |
| <b>Total Mutual Funds</b>                  |                                                                                     |                                                                                                                      | <b>8,734,185</b>        |
| *                                          | Fidelity                                                                            | Self Directed Brokerage Account                                                                                      | 1,710,885               |
| *                                          | Participant Loans                                                                   | Various participants                                                                                                 | 1,264,876               |
| <b>TOTAL INVESTMENTS</b>                   |                                                                                     |                                                                                                                      | <b>\$ 136,716,677</b>   |
| *                                          | <i>Party-in-interest</i>                                                            |                                                                                                                      |                         |
| **                                         | <i>Cost information is not required as all investments are participant-directed</i> |                                                                                                                      |                         |

This schedule is presented in compliance with DOL requirements.