

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2001
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATRIUS MSO, LLC C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MN008-R120 MINNETONKA, MN 55343
2b	Employer Identification Number (EIN) 87-1803974
2c	Plan Sponsor's telephone number 952-936-1300
2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2024	DAVID E. STRAUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE C/O UNITEDHEALTH GROUP 9900 BREN ROAD EAST MN008-R120 MINNETONKA, MN 55343	3b Administrator's EIN 41-1321939 3c Administrator's telephone number 952-936-1300																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 9912																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 85%;"></td> </tr> <tr> <td>6a(1)</td> <td>5225</td> </tr> <tr> <td>6a(2)</td> <td>5484</td> </tr> <tr> <td>6b</td> <td>198</td> </tr> <tr> <td>6c</td> <td>4768</td> </tr> <tr> <td>6d</td> <td>10450</td> </tr> <tr> <td>6e</td> <td>37</td> </tr> <tr> <td>6f</td> <td>10487</td> </tr> <tr> <td>6g(1)</td> <td>9354</td> </tr> <tr> <td>6g(2)</td> <td>9848</td> </tr> <tr> <td>6h</td> <td>166</td> </tr> </table>			6a(1)	5225	6a(2)	5484	6b	198	6c	4768	6d	10450	6e	37	6f	10487	6g(1)	9354	6g(2)	9848	6h	166
6a(1)	5225																						
6a(2)	5484																						
6b	198																						
6c	4768																						
6d	10450																						
6e	37																						
6f	10487																						
6g(1)	9354																						
6g(2)	9848																						
6h	166																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																						

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 3
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
ATRIUS 401K RETIREMENT SAVINGS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ATRIUS MSO, LLC		
87-1803974		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 25690	1	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	153642785
c	Additions: (1) Contributions deposited during the year	7c(1)	5680650
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	2820860
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0
	(6) Total additions	7c(6)	8501510
d	Total of balance and additions (add lines 7b and 7c(6))	7d	162144295
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31714965
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	130429330
	(4) Other (specify below)	7e(4)	0
	(5) Total deductions	7e(5)	162144295
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
ATRIUS 401K RETIREMENT SAVINGS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ATRIUS MSO, LLC	87-1803974	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	102975	599	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	32059287
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	63026075

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☒ other (specify) ▶ **GUARANTEED INVESTMENT****f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

31749472

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

1377469

(4) Transferred from separate account.....

7c(4)

1115211

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

2492680

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

34242152

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1189660

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

969654

(4) Other (specify below)

7e(4)

32551

▶ **OTHER**

(5) Total deductions

7e(5)

2191865

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

32050287

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 39901	1	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	5234
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	216449
	(4) Transferred from separate account.....	7c(4)	130429330
	(5) Other (specify below) ▶ LOAN PAYMTS, FORF	7c(5)	-1551
	(6) Total additions.....	7c(6)	130649462
d	Total of balance and additions (add lines 7b and 7c(6))	7d	130649462
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5717895
	(2) Administration charge made by carrier	7e(2)	-228
	(3) Transferred to separate account.....	7e(3)	14284002
	(4) Other (specify below) ▶ LOAN DISTRIB, FORF, ADJ	7e(4)	28031
	(5) Total deductions.....	7e(5)	20029700
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	110619762

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974

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).....

X

YesNo
- 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

FID INV INSTL OPS CO

04-2647786

(b)

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

TIAA

13-1624203

(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

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

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)

STRATEGIC ADVISORS

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ADVISOR	235849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INSTL OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	52827	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	22400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ADVISOR	14300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	11733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	3259	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

NFP RETIREMENT

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	2000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERRILL DANA

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROKERAGE LINK 04-2647786	SEE SCHEDULE C ATTACHMENT LABELED - SDB INDIRECT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	BAKER TILLY US, LLP	b EIN:	39-0859910
c Position:	AUDITOR		
d Address:	225 SOUTH SIXTH STREET SUITE 2300 MINNEAPOLIS, MA 55402	e Telephone:	612-876-4500

Explanation: BAKER TILLY US, LLP COMPLETED A STRATEGIC INVESTMENT ON JUNE 3, 2024, AND AS A RESULT HAS APPLIED FOR AND OBTAINED A NEW EIN. THERE HAS BEEN NO CHANGE IN AUDIT FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE				
b Name of sponsor of entity listed in (a): TIAA-CREF				
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3051786		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE INCOME CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2005 CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-086	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2010 CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2015 CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2020 CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-089	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2025 CP W				
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO				
c EIN-PN 20-4659714-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2030 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2035 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-092	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2040 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-093	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2045 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-094	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2050 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2055 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-113	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2060 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-147	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE 2065 CP W		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FID INSTL ASSET MGMT TRUST CO		
c EIN-PN 04-3022712-133	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTITUTIONAL 500 INDEX TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180126508

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2030 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6565712-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108041713
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2025 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6561512-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106151874
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2035 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6568405-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87409108
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2040 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6572691-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85538847
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2045 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6574391-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66619011
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6557902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54740691
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2050 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6579799-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48207082
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II MID-CAP OPP		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 04-6913417-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45822616
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT INCOME TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6551878-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29849096
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL COMPANY COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23542825

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2055 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6587002-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21607582
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US BOND INDEX NL CL M		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-495	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21580369
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTITUTIONAL EXTENDED MKT IND		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6324211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12925861
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2060 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6588737-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8717697
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY EX-US INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1766003
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2065 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6590672-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1370663
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST TREASURY INFLATION		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 538638
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II EMERGING MKTS RESEARCH		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 04-6913417-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170367
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2070 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-7030296-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11116
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17021620	18169426
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6359739	6630257
(9) Value of interest in common/collective trusts	1c(9)	590248188	904737667
(10) Value of interest in pooled separate accounts	1c(10)	4320722	3051786
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	486856966	335713706
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	185392257	142670049
(15) Other	1c(15)	64174875	76747312

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1354374367	1487720203
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1354374367	1487720203

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	32562965	
(B) Participants	2a(1)(B)	35507249	
(C) Others (including rollovers)	2a(1)(C)	13589138	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		81659352
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	351282	
(F) Other	2b(1)(F)	3037309	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3388591
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10812428	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10812428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		147009919
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-549341
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53937139
c Other income	2c		12559797
d Total income. Add all income amounts in column (b) and enter total	2d		308817885

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	175055181	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		175055181
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		74160
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	68898	
(4) IQPA audit fees.....	2i(4)	36133	
(5) Investment advisory and investment management fees	2i(5)	235849	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	340	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1488	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		342708
j Total expenses. Add all expense amounts in column (b) and enter total	2j		175472049

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		133345836
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC		D Employer Identification Number (EIN) 87-1803974
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	



ATRIUS 401(K) RETIREMENT SAVINGS PLAN

MINNETONKA, MN

Employer ID No: 87-1803974

Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2023 and 2022 and for the Year Ended
December 31, 2023

Atrius 401(k) Retirement Savings Plan

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Independent Auditors' Report

To the Participants and Plan Administrator of
Atrius 401(k) Retirement Savings Plan

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

We have performed audits of the financial statements of the Atrius 401(k) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Minneapolis, Minnesota
July 31, 2024

Atrius 401(k) Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments - at fair value	\$ 1,337,716,309	\$ 1,162,891,637
Investments - at contract value	125,204,211	168,101,371
Receivables		
Employer contributions	18,169,426	17,021,620
Notes receivable from participants	6,724,657	6,456,339
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,487,814,603	\$ 1,354,470,967

See accompanying notes to financial statements.

Atrius 401(k) Retirement Savings Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2023

ADDITIONS

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 212,957,514
Interest and dividends income	13,849,737
Contributions	
Participant	35,507,249
Employer	32,562,965
Rollover	13,589,138
Interest income on notes receivable from participants	<u>354,542</u>
Total additions	<u>308,821,145</u>

DEDUCTIONS

Deduction from net assets attributed to	
Benefits paid to participants	175,134,801
Administrative expenses	<u>342,708</u>
Total deductions	<u>175,477,509</u>

NET INCREASE 133,343,636

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>1,354,470,967</u>
End of year	<u>\$ 1,487,814,603</u>

See accompanying notes to financial statements.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 1 - Description of the Plan

The following description of the Atrius 401(k) Retirement Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Atrius MSO, LLC (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Employees are immediately eligible for elective deferrals to the Plan. Employees who have completed one year and 1,000 hours of service are eligible for employer contributions to the Plan.

The UnitedHealth Group Employee Benefits Plans Administrative Committee ("Plan Administrator") is responsible for the oversight of the Plan. The UnitedHealth Group Employee Benefits Plans Investment Committee ("Investment Committee") determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute an amount up to the maximum dollar amount permissible under the Internal Revenue Code ("the Code"). The Plan allows participants to contribute up to 75% of their eligible pay. Participant contributions include pre-tax deferrals, Roth deferrals, and rollover contributions. Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution rate of 2% of their eligible pay, unless they decline to participate within a prescribed time limit or they elect a different pre-tax and/or Roth contribution rate. Participants who have attained age 50 before the end of the plan year may make additional catch-up contributions, subject to limitations imposed by the Code.

The Company may make an annual discretionary employer contribution and may also make a discretionary matching contribution to be distributed among participants based on allocations determined by the Company. For the year ended December 31, 2023, the discretionary employer contribution was equivalent to 6% of eligible compensation for executives and physicians and 4% of eligible compensation for non-physicians deferred for the period. For the year ended December 31, 2023, the discretionary employer matching contribution was equivalent to 100% of the first 4% of participants' eligible compensation deferred for the period.

Subsequent to December 31, 2023, the Company made discretionary employer contributions of \$18,169,426 for the year ended December 31, 2023.

The Company made discretionary employer matching contributions of \$14,393,539 for the year ended December 31, 2023.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 1 - Description of the Plan (cont.)

Participant Accounts

Each participant's account is credited with the participant's deferral contributions, rollover contributions, the Company's discretionary and matching contributions, if any, and plan earnings or losses (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, discretionary employer contributions, if any, and earnings thereon. Discretionary employer matching contributions, if any, vest in accordance with provisions of the Plan as follows:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
2 or more	33-1/3%
3 or more	66-2/3%
4 or more	100%

Notwithstanding the vesting schedule above, discretionary employer matching contributions, if any, will become fully vested (100%) upon the occurrence of any of the following events while the participant is employed by the Company: death, attainment of normal retirement age (age 65), disability, partial plan termination with respect to the participant, or complete termination of the Plan or complete discontinuance of employer contributions.

Forfeited Accounts

As of December 31, 2023 and 2022, forfeited nonvested accounts totaled \$181,364 and \$589,222, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. During the year ended December 31, 2023, \$787,320 was used to reduce employer contributions for the Plan.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, or termination of employment as defined in the Plan document. The total vested portion of a participant's account balance may be distributed in the form of a lump-sum payment or partial payments or in any form available under the trust or annuity contract in which the participant's account is invested. With Plan Administrator approval, participants may withdraw all or part of their employee contributions in the event of financial hardship.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 1 - Description of the Plan (cont.)

There are no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2023 and 2022.

Notes Receivable from Participants

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (subject to reduction for certain loan balances in the prior 12 months) or 50% of their vested account balances. These loans are secured by the balance in the participant's account. The loans bear interest based on the prime interest rate quoted on the first business day of the month in which the loan is processed, plus one (1) percentage point. The maximum term for a loan is 59 months, except if the loan is used to acquire the participant's principal residence, in which case the term of the loan may not exceed 118 months. Principal and interest are paid ratably through payroll deductions. Participants are permitted to have two outstanding loans at a time.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, the trustee, and custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

The Plan has a revenue sharing agreement with Fidelity Management Trust Company ("the Trustee"). If the Trustee receives fund compensation above a certain amount, the excess compensation was made available to the Plan to offset administrative expenses. If the excess compensation is greater than administrative expenses the excess is allocated to participants. For the year ended December 31, 2023, revenue sharing funds in the amount of \$337,961 was used to pay administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 31, 2024, the date the financial statements were approved and available to be issued.

NOTE 3 - Information Prepared and Certified by Trustee and Custodian

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022. Accordingly, the Trustee and Teachers Insurance and Annuity Association of America and College Retirement Equity Fund ("TIAA CREF") ("the Custodian"), have certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2023 and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 4 - Fair Value of Financial Instruments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Unadjusted quoted prices for identical assets in active markets that the Plan can access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 - Unobservable inputs for the asset.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Common collective trusts: Valued at the net asset value ("NAV") of units held. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay the withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 4 - Fair Value of Financial Instruments (cont.)

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account: Valued based upon the unit value of such pooled account held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate account consists of the TIAA Real Estate Account which invests mainly in real estate and real estate-related investments. Due to the nature of the pooled account, there are no unfunded commitments or participant redemption restrictions.

Self-directed brokerage accounts: The self-directed brokerage account allows participants the opportunity to invest in a wide array of individual securities including stocks, corporate bonds, zero-coupon bonds, U.S. Treasury securities, mortgage securities and U.S. government agency bonds, certificates of deposit, unit investment trusts, foreign securities, exchange-traded funds, and mutual funds, which are primarily valued using the methodologies described above for the Plan's investments in similar securities.

Traditional annuity contracts: The TIAA Traditional Non Benefit Responsive (GRA) fixed annuity contracts are reported at fair value, which approximates contract value. The fair value of the traditional annuity contract is determined using a discounted cash flow model. The contract value equals accumulated cash contributions and interest credited to the contract, less withdrawals and expenses. The traditional annuity contract is not available for sale or transfer on any securities exchange. Requested withdrawals or transfers are generally paid out over a 10-year period in equal increments per year. GRA's are not considered to be fully benefit responsive investment contracts as defined by ASC 962 because this provision is considered to restrict participants' "reasonable access" to their contract balances.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2023 and 2022, respectively.

	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 335,713,706	\$ 335,713,706	\$ -	\$ -
Pooled separate account	3,051,786	-	3,051,786	-
Self-directed brokerage accounts	76,747,312	73,949,987	2,797,325	-
Traditional annuity contracts	17,465,838	-	-	17,465,838
Total assets in the fair value hierarchy	432,978,642	\$ 409,663,693	\$ 5,849,111	\$ 17,465,838
Instruments measured at NAV	904,737,667			
Total investments at fair value	\$ 1,337,716,309			

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 4 - Fair Value of Financial Instruments (cont.)

	December 31, 2022			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 486,856,966	\$ 486,856,966	\$ -	\$ -
Pooled separate account	4,320,722	-	4,320,722	-
Self-directed brokerage accounts	64,174,875	63,778,160	396,715	-
Traditional annuity contracts	17,290,886	-	-	17,290,886
Total assets in the fair value hierarchy	572,643,449	\$ 550,635,126	\$ 4,717,437	\$ 17,290,886
Instruments measured at NAV	590,248,188			
Total investments at fair value	\$ 1,162,891,637			

The following table sets forth a summary of changes in the fair value of the Plan's level three assets for the year ended December 31, 2023:

Traditional Annuity Contracts	
Balance, 12/31/2022	\$ 17,290,886
Realized gains	346,507
Unrealized gains	174,244
Purchases	1,354,391
Sales	(1,696,931)
Fees	(3,259)
Balance, 12/31/2023	\$ 17,465,838

The following tables provide quantitative information about significant unobservable inputs used in the Plan's level three fair value measurements as of December 31, 2023 and 2022:

Type	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range
December 31, 2023				
Traditional Annuity Contracts	\$ 17,465,838	Discounted cash flow / theoretical transfer (exit value)	Risk-adjusted discount rate applied	4.00% to 6.75%
Type	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range
December 31, 2022				
Traditional Annuity Contracts	\$ 17,290,886	Discounted cash flow / theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.70% to 6.25%

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 4 - Fair Value of Financial Instruments (cont.)

Investments Measured Using the NAV Per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023 and 2022.

Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency ⁽²⁾	Redemption Notice Period ⁽³⁾
December 31, 2023				
Common collective trusts	\$ 904,737,667	\$ -	Immediate	Various
Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency ⁽²⁾	Redemption Notice Period ⁽³⁾
December 31, 2022				
Common collective trusts	\$ 590,248,188	\$ -	Immediate	Various

(1) The fair value of investments is based on the fair values of the underlying investments in the funds.

(2) Certain events may cause funds held in the common collective trusts to be deferred, including, but not limited to, the following:

- (i) Closing or disruption of the financial markets or exchanges in which a transaction is unable to be settled prudently.
- (ii) An emergency situation in which the disposition of assets would be seriously prejudicial to participants.
- (iii) Breakdown in the means of communication normally employed to determine fair market value of an investment.
- (iv) Investments cannot be effected at normal rates of exchange.

None of these events occurred in 2023 or 2022.

(3) Certain common collective trusts require redemption notice periods for plan or participant withdrawals at the discretion of the investment advisor.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 5 - Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of investment contracts that comprises a separate account guaranteed investment contract and TIAA Traditional Benefit Responsive - GSRA annuity contracts. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The following represents the disaggregation of contract value between types of investment contracts held by the Plan.

	2023	2022
Separate account guaranteed investment contract (MetLife Fixed Account)	\$ 110,619,762	\$ 153,642,785
TIAA Traditional Benefit Responsive - GSRA	14,584,449	14,458,586
Total guaranteed investment contracts	<u>\$ 125,204,211</u>	<u>\$ 168,101,371</u>

The Plan holds a MetLife Fixed Account guaranteed investment contract and a TIAA Traditional Benefit Responsive – GSRA fixed annuity contract. The contract issuers are contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The MetLife Fixed Account and TIAA Traditional Benefit Responsive - GSRA crediting rates are based on a formula established by the contract issuers but may not be less than 0 percent and 3 percent, respectively. The crediting rates are reviewed on a periodic basis for resetting.

The Plan's ability to receive amounts due in accordance with the guaranteed investment and fixed annuity contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 6 - Related Party and Party-in-interest Transactions

Certain of the Plan's investments are managed by the Trustee and the Custodian therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of investments. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances and the Plan has a revenue sharing agreement with the Trustee. These transactions qualify as exempt party-in-interest transactions.

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

NOTE 7 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 8 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated April 14, 2017 that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - Risks and Uncertainties

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

As of December 31, 2023 and 2022, the Plan had investments of \$382,132,969 and \$291,842,807, respectively, concentrated in two investments that each accounted for more than 10% of plan investments.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2023 and 2022 and for the Year Ended December 31, 2023

NOTE 10 - Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023 and 2022 to Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 1,487,814,603	\$ 1,354,470,967
Deemed distributions of participant loans	<u>(94,400)</u>	<u>(96,600)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,487,720,203</u>	<u>\$ 1,354,374,367</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2023 to Form 5500:

	<u>2023</u>
Increase in net assets per the financial statements	\$ 133,343,636
Deemed distributions activity	<u>2,200</u>
Net income per the Form 5500	<u>\$ 133,345,836</u>

SUPPLEMENTAL INFORMATION

Atrius 401(k) Retirement Savings Plan

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

EIN 87-1803974

Plan 001

As of December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Metropolitan Life Insurance Company	Guaranteed Investment Contract: MetLife Fixed Account	**	\$ 110,619,762
		Traditional Annuity Contracts:		
*	TIAA CREF	TIAA Traditional Non Benefit Responsive (GRA)	**	17,465,838
*	TIAA CREF	TIAA Traditional Benefit Responsive - GSRA	**	14,584,449
				<u>32,050,287</u>
	Shares of an Investment Company	Mutual Funds:		
		JPMorgan U.S. Equity Fund	**	202,006,461
		American Funds EuroPacific Growth Fund	**	36,185,232
		Dodge & Cox Income Fund	**	34,033,290
*		CREF Stock Account	**	18,247,572
*		CREF Growth Account	**	12,228,957
*		CREF Equity Index Account	**	9,886,409
*		CREF Global Equities Account	**	8,865,627
*		CREF Social Choice Account	**	4,103,073
*		CREF Core Bond Account	**	3,399,455
*		CREF Money Market Account	**	2,347,355
*		CREF Inflation-Linked Bond Account	**	895,841
*		TIAA-CREF Lifecycle 2040 Fund	**	663,211
*		TIAA-CREF Lifecycle 2035 Fund	**	653,772
*		TIAA-CREF Lifecycle 2010 Fund	**	573,920
*		TIAA-CREF Lifecycle 2030 Fund	**	478,220
*		TIAA-CREF Lifecycle 2025 Fund	**	447,044
*		TIAA-CREF Lifecycle 2015 Fund	**	221,879
*		PIMCO All Asset Fund	**	177,705
*		TIAA-CREF Lifecycle 2020 Fund	**	171,007
		Vanguard Federal Money Market Fund	**	127,676
				<u>335,713,706</u>

Atrius 401(k) Retirement Savings Plan

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

EIN 87-1803974

Plan 001

As of December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts:		
		Vanguard Institutional 500 Index Trust Fund	**	180,126,508
		Vanguard Target Retirement 2030 Fund	**	108,041,713
		Vanguard Target Retirement 2025 Fund	**	106,151,874
		Vanguard Target Retirement 2035 Fund	**	87,409,108
		Vanguard Target Retirement 2040 Fund	**	85,538,847
		Vanguard Target Retirement 2045 Fund	**	66,619,011
		Vanguard Target Retirement 2020 Fund	**	54,740,691
		Vanguard Target Retirement 2050 Fund	**	48,207,082
		Wellington Mid Cap Opportunities Fund	**	45,822,616
		Vanguard Retirement Target Income Fund	**	29,849,096
*		FIAM Small Company Commingled Pool	**	23,542,825
		Vanguard Target Retirement 2055 Fund	**	21,607,582
		State Street U.S. Bond Index Non-Lending Series Fund	**	21,580,369
		Vanguard Institutional Extended Market Index Fund	**	12,925,861
		Vanguard Target Retirement 2060 Fund	**	8,717,697
		State Street Global Equity Fund	**	1,766,003
		Vanguard Target Retirement 2065 Fund	**	1,370,663
		NT TIPS Index Fund	**	538,638
		Wellington Emerging Markets Research	**	170,367
		Vanguard Target Retirement 2070 Fund	**	11,116
				<u>904,737,667</u>
		Pooled Separate Account:		
*		TIAA Real Estate Account	**	<u>3,051,786</u>
*		Self-Directed Brokerage Accounts ***	**	76,747,312
*		Participant loans (interest rate ranging from 4.25% to 9.50% with maturity dates ranging from January 2024 – August 2038)	\$0	<u>6,630,257</u>
				<u>\$ 1,469,550,777</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ☐

D Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information —enter all requested information					
1a Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2001	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2001					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATRIUS MSO, LLC C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MN008-R120 MINNETONKA MN 55343	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 87-1803974</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 952-936-1300</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 87-1803974	2c Plan Sponsor's telephone number 952-936-1300	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 87-1803974					
2c Plan Sponsor's telephone number 952-936-1300					
2d Business code (see instructions) 621111					

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

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

SIGN HERE	 Signature of plan administrator	<u>7.26.24</u> Date	DAVID E. STRAUSS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE c/o UnitedHealth Group 9900 BREN ROAD EAST MN008-R120 MINNETONKA MN 55343	3b Administrator's EIN 41-1321939 3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9,912
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 5,225 6a(2) 5,484 6b 198 6c 4,768 6d 10,450 6e 37 6f 10,487 6g(1) 9,354 6g(2) 9,848 6h 166
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H 2R b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>3</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Brokerage Link Indirect Fees

The listing below includes the indirect fee's associated with the Brokeragelink Account.

Atrius Health 401k Retirement Savings Plan 04-3397450 / 001

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
72411	AMG YACKTMAN FOCUSED N	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K570
72411	AMG YACKTMAN FUND I	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K588
72411	AMG RIVER ROAD MID CAP VALUE CL N	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00171A738
72411	AQR DIVERSIFIED ARBITRAGE CLASS I	0.15%	USADDRESS	1 GREENWICH PLAZA	GREENWICH	CT	06830	AQR FUNDS	00203H602
72411	AQR RISK BALANCED COMMOD STRATEGY FD I	0.12%	USADDRESS	1 GREENWICH PLAZA	GREENWICH	CT	06830	AQR FUNDS	00203H677
72411	EDGEWOOD GROWTH FUND INSTL CL	0.12%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	EDGEWOOD	00750W059
72411	GQG PARTNERS EMRNGR MKETS EQUITY INV	0.40%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	GQG PARTNERS FUND	00771X427
72411	AMANA MUTUAL FUND TRUST INCOME	0.40%	USADDRESS	1300 NORTH STATE ST	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865109
72411	AMERICAN CENTURY GLOBAL GOLD INV CL	0.35%	USADDRESS	4400 MAIN ST 1ST FL	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	02507M105
72411	AMERICAN CENTURY INFLN ADJ BOND INV	0.25%	USADDRESS	4400 MAIN ST 1ST FL	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	025081704
72411	AMERICAN CENTURY ULTRA INVESTOR CLASS	0.35%	USADDRESS	4400 MAIN ST 1ST FL	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	025083882
72411	AMERICAN 2025 TARGETDATE RETIREMENT CL A	\$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	026307779
72411	ARTISAN SMALL CAP FUND INVESTOR CL	0.39%	USADDRESS	875 E WISCONSIN AVE STE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H105
72411	BAIRD ULTRA SHORT BOND FUND INSTL	0.02%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071722
72411	BAIRD AGGREGATE BOND FUND INSTL	0.02%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071854
72411	BARON OPPORTUNITY FUND	0.40%	USADDRESS	767 5TH AVE 49TH FL	NEW YORK	NY	10153	BARON ASSET FUNDS	068278407
72411	BARON GLOBAL ADVANTAGE FD RETAIL	0.40%	USADDRESS	767 5TH AVE 49TH FL	NEW YORK	NY	10153	BARON ASSET FUNDS	06828M843
72411	BLACKROCK EMERGING MARKETS FD INC INSL	0.15%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09251J402
72411	BLACKROCK MID CAP VALUE FUND CL A	0.40%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09255V104
72411	BLACKROCK STRATEGIC INCOME OPPrTS INSTL	0.15%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09260B382
72411	BRIDGEWAY SMALL CAP VALUE FUND CL N	0.10%	USADDRESS	20 GREENWAY PLAZA, STE 450	HOUSTON	TX	77046	BRIDGEWAY FUNDS	108747825
72411	BROWN CAPITAL MGMT SMALL COMPANY INSTL	0.10%	USADDRESS	1290 BROADWAY, STE 1100	DENVER	CO	80203	BROWN CAPITAL MANAGEMENT	115291403
72411	BUFFALO DISCOVERY FUND	0.40%	USADDRESS	615 E. MICHIGAN ST	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530103
72411	CALAMOS GLOBAL CONVERTIBLE CL A	0.40%	USADDRESS	2020 CALAMOS COURT	NAPERVILLE	IL	60563	CALAMOS FAMILY OF MUTUAL FUNDS	128120748
72411	CALVERT INTL EQUITY CLASS I	0.15%	USADDRESS	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	CALVERT GROUP	131649808
72411	CARILLON CLARIVEST INTERNATIONAL STK I	0.40%	USADDRESS	P. O. BOX 33022	ST PETERSBURG	FL	337338022	EAGLE FUND SERVICES	14214L791
72411	CLIFFWATER CORPORATE LENDING FUND I	0.18%	USADDRESS	4640 ADMIRALTY WAY, 11TH FL	MARINA DEL REY	CA	90292	CLIFFWATER LLC	186854204
72411	COHEN & STEERS INSTL REALTY SHARES	0.10%	USADDRESS	280 PARK AVE, 10TH FL	NEW YORK	NY	10017	COHEN & STEERS FUNDS	19247U106
72411	COLUMBIA DIVIDEND INCOME CL A	0.40%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	19765N278
72411	COLUMBIA CORPORATE INCOME FUND CL I2	0.10%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	19766M881
72411	COLUMBIA INTEGRATED SMALL CAP GROWTH A	0.40%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	19766Q742
72411	DFA INTERNATIONAL CORE EQUITY	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203371
72411	DFA US CORE EQUITY I	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203413
72411	DFA EMERGING MKRTS CORE EQU PORTF	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203421
72411	DFA US MICRO CAP PRFT INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203504
72411	DFA INTERNATIONAL SMALL COMPANY PORT	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203629
72411	DFA US SMALL CAP VALUE PRFT INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203819
72411	DFA US LARGE CAP VALUE PRFT INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203827
72411	DFA FIVE YEAR GLBL FIXED INC PRFT INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203884
72411	DFA INVESTMENT GRADE PORTFOLIO INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233206448
72411	DFA GLOBAL REAL ESTATE SEC PORTFOLIO	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233206554
72411	DFA INTERNATIONAL VALUE PRFT INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	254340203
72411	EATON VANCE EMERG MKTS DB OPPOR CL I	\$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	27827V402
72411	ALPS SMITH TOTAL RETURN BOND CL I	0.15%	USADDRESS	1290 BROADWAY STE 1100	DENVER	CO	80203	ALPS FUNDS	31761R393
72411	FRANKLIN UTILITIES CLASS C	\$19.00	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	353496706
72411	GOTHAM ENHANCED RETURN FUND INSTL	0.10%	USADDRESS	535 MADISON AVE 30TH FLR	NEW YORK	NY	10022	GOTHAM FUNDS	360873129
72411	GOLDMAN SACHS GQG PARTNERS INTL OPP I	0.17%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	38147N293
72411	GOLDMAN SACHS GQG PART INTERNTL OPP A	0.40%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	38147N327
72411	HARTFORD STRATEGIC INCOME FUND CL I	0.15%	USADDRESS	100 MATSONFORD RD, STE 300	RADNOR	PA	19087	HARTFORD FUNDS	41664L633
72411	HARTFORD INTL VALUE FUND CLASS Y	0.10%	USADDRESS	100 MATSONFORD RD, STE 300	RADNOR	PA	19087	HARTFORD FUNDS	41664M649
72411	JPMORGAN HEDGED EQUITY CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	46637K281
72411	JANUS HENDERSON FLEXIBLE BOND T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023606
72411	JANUS HENDERSON CONTRARIAN T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023655
72411	JPMORGAN EMERGING MKTS EQUITY CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812A0623
72411	JPMORGAN CORE BOND CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0381
72411	JPMORGAN MORTGAGE BACKED SEC CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C1215
72411	CLEARBRIDGE INTERN TGROWTH FD CL I	0.15%	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	524686524
72411	LOOMIS SAYLES BOND RETAIL SHARES	0.35%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	LOOMIS SAYLES FUNDS	543495832
72411	LOOMIS SAYLES BOND INSTL	0.15%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	LOOMIS SAYLES FUNDS	543495840
72411	MFS INTERNATIONAL DIVERSIFICATION FD A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	55273G330
72411	MUHLNKAMP FUND	0.40%	USADDRESS	5000 STONEWOOD DR.	WEXFORD	PA	15090	MUHLNKAMP FUNDS	56166Y438
72411	ECOFIN GLOBAL RENEWABLES INFRA INS	0.10%	USADDRESS	4100 WEST 115TH ST, STE 1000	LEAWOOD	KS	66211	TORTOISE FUNDS	56167N472
72411	MATTHEWS CHINA SMALLCOMPANIES INVESTOR	0.40%	USADDRESS	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	MATTHEWS ASIAN FUNDS	577125404
72411	MATTHEWS ASIA GROWTH FUND INV	0.40%	USADDRESS	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	MATTHEWS ASIAN FUNDS	577130867
72411	METROPOLITAN WEST HIGH YIELD BOND CL M	0.40%	USADDRESS	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	METROPOLITAN WEST FUNDS	592905871
72411	MILLER CONVERTIBLE BOND CLASS I	0.10%	USADDRESS	20 WILLIAM ST, STE GS	WELLESLEY	MA	02481	MILLER CONVERTIBLE	60055P201
72411	MS GLOBAL FIXED INCOME OPPORT CL A	0.40%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	616961108
72411	MORGAN STANLEY DISCOVERY PORT CL I	0.10%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	617440508
72411	JPMORGAN GROWTH ADVANTAGE FUND CL A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	62826M483
72411	CATALYST SYSTEMATIC ALPHA FD CL I	0.10%	USADDRESS	80 ARKAY STE 110	HAUPPAUGE	NY	11788	CATALYST FUNDS	62827M417
72411	LOOMIS SAYLES CORE PLUS BOND FUND CL Y	0.15%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	NATIXIS GLOBAL ASSOCIATES	63872R764
72411	NEUBERGER BERMAN LONG SHORT INSTL	0.15%	USADDRESS	1290 AVE OF THE AMERICAS, 22ND FL	NEW YORK	NY	10104002	NEUBERGER BERMAN GROUP	64128R608
72411	PGF BNY MELLON DIVERSIFIER STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538I829
72411	PGF MEEDER TACTICAL STRATEGY FUND R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538I837
72411	PGF JP MORGAN TACTICMODERATE STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J852
72411	PGF ACTIVE CORE BOND STRATEGY FUND CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J878
72411	PGF JANUS HENDERSON BALANCED STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A496
72411	PGF TACTICAL INCOME STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A652
72411	PGF EQUITY INDEX FOCUSED STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A660
72411	PGF SECTOR EQUITY BUS CYCLE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A678
72411	PGF BR TRGT ALLOCAT EQ STRATEGY FD CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A686
72411	NUVEEN GLOBAL INFRASTRUCTURE CL A	0.40%	USADDRESS	333 WEST WACKER DR	CHICAGO	IL	60606	NUVEEN MUTUAL FUNDS	670690494
72411	OCM GOLD FUND ATLAS CLASS SHARES	0.40%	USADDRESS	235 W. GALENA ST	MILWAUKEE	WI	53212	OCM	67087F200
72411	PIMCO EMERGING MARKETS BOND FUND A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	693391575
72411	PARNAUSSUS VALUE EQUITY INVESTOR	0.40%	USADDRESS	1 MARKET ST STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	PARNAUSSUS FUNDS	701765869
72411	PARNAUSSUS CORE EQUITY INVESTOR	0.40%	USADDRESS	1 MARKET ST STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	PARNAUSSUS FUNDS	701769101
72411	IMPAX SMALL CAP FD INVESTOR CL	0.40%	USADDRESS	1290 BROADWAY, STE 1100	DENVER	CO	80203	PAX WORLD FUNDS	704223825
72411	PAYDEN CORPORATE BOND FUND INVESTOR	0.33%	USADDRESS	333 S GRAND AVE 32ND FL	LOS ANGELES	CA	90071	PAYDEN & RYSEL INVESTMENT GROUP	704329366
72411	PIMCO INVESTMENT GR CREDIT BOND FUND A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	722008307
72411	PIMCO INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201F474
72411	PIMCO COMMODITIES PLUS STRATEGY CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201P159
72411	T ROWE PRICE COMM & TECHNOLOGY INVESTOR	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741454102
72411	T ROWE PRICE HEALTH SCIENCES	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741480107
72411	T ROWE PRICE GLOBAL TECHNOLOGY	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741494108
72411	PRINCIPAL REAL ESTATE SEC FD CL A	0.40%	USADDRESS	620 COOLIDGE DR, STE 300	FOLSOM	CA	95630	PRINCIPAL	74254T278
72411	PRINCIPAL DIVERSIF REAL ASSET I SHARE	0.15%	USADDRESS	620 COOLIDGE DR, STE 300	FOLSOM	CA	95630	PRINCIPAL	74254V166

72411	MUZINICH CREDIT OPPORT SUPRA INSTL	0.12%	USADDRESS	450 PARK AVE	NEW YORK	NY	10022	MUZINICH FUNDS	74316J532
72411	PGIM TOTAL RETURN BOND CL A	0.40%	USADDRESS	655 BROAD ST	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	74440B108
72411	ABBEE CAPITAL FUTURES STRAT INSTL	0.12%	FOREIGNADDRESS	1 2 CAVENDISH ROW	DUBLIN	IE	1	ABBEE CAPITAL	74925K367
72411	RBC EMERGING MARKETSEQUITY FD CL I	0.15%	USADDRESS	50 S SIXTH ST, STE 2350	MINNEAPOLIS	MN	55402	RBC FUNDS	74926P316
72411	ABBEE CAPITAL MULTI ASSET FUND CLASS I	0.12%	FOREIGNADDRESS	1 2 CAVENDISH ROW	DUBLIN	IE	1	ABBEE CAPITAL	74933W882
72411	T ROWE PRICE BLUE CHIP GROWTH INC	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q106
72411	T ROWE PRICE GLOBAL CONSUMER FUND INVEST	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77956H344
72411	T ROWE PRICE GLOBAL STOCK	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77956H856
72411	ROYCE SMALL-CAP SPECCEQUITY INVESTMENT CL	0.15%	USADDRESS	745 FIFTH AVE STE 2400	NEW YORK	NY	10151	ROYCE FUNDS	780905782
72411	SEGALL BRYANT HAMILL SML CAP GRWTH INSTL	0.15%	USADDRESS	370 17TH ST, STE 5000	DENVER	CO	80202	SEGALL BRYANT & HAMILL AKA WESTCORE	81580H811
72411	SPROTT GOLD EQUITY FUND INVESTOR	0.40%	FOREIGNADDRESS	200 BAY ST, STE 2600	TORONTO	CA	MSJ 2J1	SPROTT FUNDS	85208P105
72411	STONE RIDGE HIGH YLD REINSRNC RSK PREM	0.10%	USADDRESS	510 MADISON AVE	NEW YORK	NY	10022	STONE RIDGE	861728400
72411	TCW CORE FIXED INCOME CLASS N	0.35%	USADDRESS	865 S FIGUERA ST, 22ND FL	LOS ANGELES	CA	90071	TCW GALILEO	87234N724
72411	TIAA-CREF REAL ESTATE SEC INSTL	0.10%	USADDRESS	730 THIRD AVE	NEW YORK	NY	10017	TIAA-CREF	87244W797
72411	THOMPSON BOND FUND	0.25%	USADDRESS	1255 FOURIER DR STE 200	MADISON	WI	53717	THOMPSON INVESTMENT MANAGEMENT, INC.	884891201
72411	THORNBURG ULTRA SHORT INCOME I	0.10%	USADDRESS	2300 NORTH RIDGETOP RD	SANTA FE	NM	87506	THORNBURG FUNDS	885216796
72411	TIAA-CREF HIGH YIELD FUND INSTL	0.06%	USADDRESS	730 THIRD AVE	NEW YORK	NY	10017	TIAA-CREF	886315795
72411	TOUCHSTONE SANDS CAP EMERG MRKTS GROWTH	0.07%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89154Q562
72411	TOUCHSTONE MID CAP FUND CL Z	0.40%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155H785
72411	TOUCHSTONE IMPACT BOND FUND CLASS I	0.07%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155T300
72411	TRANSAMERICA MID CAP VALUE OPPORT CL I	0.10%	USADDRESS	4333 EDGEWOOD RD NE	CEDAR RAPIDS	IA	52499	TRANSAMERICA	89354D775
72411	WESTWOOD QUALITY SMALL CAP FD INSTL	0.15%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	WESTWOOD FUNDS	90386K407
72411	UNDISCOVERED MGRS BEHAVIOR VALUE CL L	0.08%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	904504842
72411	VERSUS CAPITAL REAL ASSETS CL I	0.20%	USADDRESS	5555 DTC PARKWAY, STE 330	GREENWOOD VILLAGE	CO	80111	VERSUS CAPITAL FUNDS	92535N100
72411	VIRTUS KAR SMALL MID CAP CORE FD CL I	0.10%	USADDRESS	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	VIRTUS	92828N197
72411	WASATCH CORE GROWTH INSTITUTIONAL	0.15%	USADDRESS	505 WAKARA WAY, STE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793793
72411	AMERICAN WASHINGTON MUTUAL INVESTORS F1	0.37%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	939330403
72411	ALLSPRING GROWTH FUND A	0.40%	USADDRESS	525 MARKET ST MAC A0103 122	SAN FRANCISCO	CA	94105	ALLSPRING FUNDS DISTRIBUTOR LLC	949915672
72411	WESTERN ASSET CORE BOND FUND CL I	0.15%	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	957663305
72411	LDR REAL ESTATE VALUE OPPORTUNITY P	0.40%	USADDRESS	8730 STONY POINT PKWY, STE 205	RICHMOND	VA	23235	WORLD REMS	98147A386

Atrius 401(k) Retirement Savings Plan

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

EIN 87-1803974

Plan 001

As of December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Metropolitan Life Insurance Company	Guaranteed Investment Contract: MetLife Fixed Account	**	\$ 110,619,762
		Traditional Annuity Contracts:		
*	TIAA CREF	TIAA Traditional Non Benefit Responsive (GRA)	**	17,465,838
*	TIAA CREF	TIAA Traditional Benefit Responsive - GSRA	**	14,584,449
				<u>32,050,287</u>
	Shares of an Investment Company	Mutual Funds:		
		JPMorgan U.S. Equity Fund	**	202,006,461
		American Funds EuroPacific Growth Fund	**	36,185,232
		Dodge & Cox Income Fund	**	34,033,290
*		CREF Stock Account	**	18,247,572
*		CREF Growth Account	**	12,228,957
*		CREF Equity Index Account	**	9,886,409
*		CREF Global Equities Account	**	8,865,627
*		CREF Social Choice Account	**	4,103,073
*		CREF Core Bond Account	**	3,399,455
*		CREF Money Market Account	**	2,347,355
*		CREF Inflation-Linked Bond Account	**	895,841
*		TIAA-CREF Lifecycle 2040 Fund	**	663,211
*		TIAA-CREF Lifecycle 2035 Fund	**	653,772
*		TIAA-CREF Lifecycle 2010 Fund	**	573,920
*		TIAA-CREF Lifecycle 2030 Fund	**	478,220
*		TIAA-CREF Lifecycle 2025 Fund	**	447,044
*		TIAA-CREF Lifecycle 2015 Fund	**	221,879
*		PIMCO All Asset Fund	**	177,705
*		TIAA-CREF Lifecycle 2020 Fund	**	171,007
		Vanguard Federal Money Market Fund	**	127,676
				<u>335,713,706</u>

Atrius 401(k) Retirement Savings Plan

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

EIN 87-1803974

Plan 001

As of December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts:		
		Vanguard Institutional 500 Index Trust Fund	**	180,126,508
		Vanguard Target Retirement 2030 Fund	**	108,041,713
		Vanguard Target Retirement 2025 Fund	**	106,151,874
		Vanguard Target Retirement 2035 Fund	**	87,409,108
		Vanguard Target Retirement 2040 Fund	**	85,538,847
		Vanguard Target Retirement 2045 Fund	**	66,619,011
		Vanguard Target Retirement 2020 Fund	**	54,740,691
		Vanguard Target Retirement 2050 Fund	**	48,207,082
		Wellington Mid Cap Opportunities Fund	**	45,822,616
		Vanguard Retirement Target Income Fund	**	29,849,096
*		FIAM Small Company Commingled Pool	**	23,542,825
		Vanguard Target Retirement 2055 Fund	**	21,607,582
		State Street U.S. Bond Index Non-Lending Series Fund	**	21,580,369
		Vanguard Institutional Extended Market Index Fund	**	12,925,861
		Vanguard Target Retirement 2060 Fund	**	8,717,697
		State Street Global Equity Fund	**	1,766,003
		Vanguard Target Retirement 2065 Fund	**	1,370,663
		NT TIPS Index Fund	**	538,638
		Wellington Emerging Markets Research	**	170,367
		Vanguard Target Retirement 2070 Fund	**	11,116
				<u>904,737,667</u>
		Pooled Separate Account:		
*		TIAA Real Estate Account	**	<u>3,051,786</u>
*		Self-Directed Brokerage Accounts ***	**	76,747,312
*		Participant loans (interest rate ranging from 4.25% to 9.50% with maturity dates ranging from January 2024 – August 2038)	\$0	<u>6,630,257</u>
				<u>\$ 1,469,550,777</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan