

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 NICL LABORATORIES 401(K) SAVINGS AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1981
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) CHICAGO CLINICAL LABORATORIES, LTD 306 ERA DRIVE NORTHBROOK, IL 60062
2b	Employer Identification Number (EIN) 36-3485686
2c	Plan Sponsor's telephone number 847-509-9779
2d	Business code (see instructions) 621510

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.	08/22/2024	JOEL WELDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 217
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) 158 6a(2) 133 6b 1 6c 24 6d 158 6e 1 6f 159 6g(1) 153 6g(2) 130 6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T 3B 3D

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 1
- (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 NICL LABORATORIES 401(K) SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHICAGO CLINICAL LABORATORIES, LTD	D Employer Identification Number (EIN) 36-3485686	

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	933110-01	56	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 3959	(b) Total amount of fees paid 0
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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
SAGEPOINT FINANCIAL INC 1200 N MAYFAIR RD STE 300
MILWAUKEE, WI 53226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2999			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
OSAIC WEALTH, INC 1200 N MAYFAIR RD STE 300
MILWAUKEE, WI 53226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
960			3

(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	

(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	

(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	1648775
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	1048645
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c Additions: (1) Contributions deposited during the year	7c(1)	51455
	7c(2)	0
	7c(3)	17699
	7c(4)	873131
	7c(5)	5909

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	948194
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1996839
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	213340
(2) Administration charge made by carrier	7e(2)	557
(3) Transferred to separate account	7e(3)	134167
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	348064
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1648775
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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 NICL LABORATORIES 401(K) SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHICAGO CLINICAL LABORATORIES, LTD	D Employer Identification Number (EIN) 36-3485686

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

(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

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	33927	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SAGEPOINT FINANCIAL INC

20 EAST THOMAS RD STE 2000
PHOENIX, AZ 85012

(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?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	13296	Yes ☐ No ☒

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	6145	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)

OSAIC WEALTH, INC

10 EXCHANGE PLACE STE 1410
JERSEY CITY, NJ 07302

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	4258	Yes ☐ No ☒

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

6300 BRIDGE POINT PKWY BLDG 1 STE 3
AUSTIN, TX 78730-5097

(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	INVESTMENT ADVISOR	1722	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
OSAIC WEALTH, INC	55	4258
(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.	
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SAGEPOINT FINANCIAL INC	55	13296
(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.	
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>NICL LABORATORIES 401(K) SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHICAGO CLINICAL LABORATORIES, LTD</u>		
		D Employer Identification Number (EIN) <u>36-3485686</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	250070	289316
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7379411	7310352
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1048645	1648775
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	8678126	9248443
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8678126	9248443

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)	44214	
(B) Participants	2a(1)(B)	351850	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		396064
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16434	
(F) Other	2b(1)(F)	17699	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34133
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	237513	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		237513
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		837873
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1505583

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	893472	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		893472
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	33927	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	7867	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41794
j Total expenses. Add all expense amounts in column (b) and enter total	2j		935266

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		570317
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: **CRAIG & ASSOCIATES, LLC**

(2) EIN: **20-0529789**

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.
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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 NACL LABORATORIES 401(K) SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHICAGO CLINICAL LABORATORIES, LTD	D Employer Identification Number (EIN) 36-3485686

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708 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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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
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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	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) 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 <u>11 / 14 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702518A</u> .	

**NICL Laboratories
401(k) Savings and Profit Sharing Plan
Financial Statements
and Independent Auditor's Report
December 31, 2023 and 2022**

NICL Laboratories 401(k) Savings and Profit Sharing Plan

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CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

Independent Auditor's Report

Board of Trustees
NICL Laboratories 401(k) Savings and Profit Sharing Plan
Northbrook, Illinois 60062

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

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

Management has obtained 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 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NICL Laboratories 401(k) Savings and Profit Sharing 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 NICL Laboratories 401(k) Savings and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would reasonably be expected to influence the economic decisions of users made on the basis of these 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 NICL Laboratories 401(k) Savings and Profit Sharing 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 NICL Laboratories 401(k) Savings and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2023, and Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within the Plan Year), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

- the information in the supplemental schedules related to assets held by Empower Trust Company, LLC and Empower Annuity Insurance Company of America and certified to, as qualified institutions, 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).

Craig & Associates, LLC

Northbrook, Illinois

August 5, 2024

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value (See Note 11)	\$ 7,310,352	\$ 7,379,411
Investments at contract value (See Note 12)	1,648,775	1,048,645
Receivables:		
Notes receivable - Participants	<u>294,567</u>	<u>263,276</u>
Total receivables	<u>294,567</u>	<u>263,276</u>
 Total Assets	 <u>9,253,694</u>	 <u>8,691,332</u>
 Net Assets Available for Plan Benefit	 <u>\$ 9,253,694</u>	 <u>\$ 8,691,332</u>

See auditor's report and notes to financial statements.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2023

	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation/(depreciation) in fair value of investments	\$ 837,873
Dividend income	237,513
Interest income	<u>17,699</u>
	1,093,085
Interest income on notes receivable from participants	16,957
Contributions:	
Employer's matching contributions	44,214
Participants' elective deferrals	<u>351,850</u>
Total contributions	<u>396,064</u>
Total additions	1,506,106
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	901,950
Plan expenses	<u>41,794</u>
Total deductions	<u>943,744</u>
Net Increase/(Decrease)	562,362
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
Beginning of Year	<u>8,691,332</u>
End of Year	<u><u>\$ 9,253,694</u></u>

See auditor's report and notes to financial statements.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

1) Description of Plan

The following description of the NICL Laboratories 401(k) Savings and Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General:

The Plan was adopted effective October 1, 1981, and is a multiemployer defined contribution plan covering all full-time employees of the Companies. The Companies sponsoring the Plan include: Northern Illinois Clinical Laboratories, Ltd., Chicago Clinical Laboratories, Inc. and Orbis Systems, Inc. ("The Companies"). Employees become eligible to participate in the Plan after completing one year of service and reaching 21 years of age. After meeting the eligibility requirements, the employee can enter the Plan at a semi-annual entry date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2020, CARES Act provisions were administered by the Plan although the Plan document has not yet been amended. These provisions include permission for participants to withdraw up to \$100,000 from the Plan for coronavirus-related distributions without being subject to the 10% early distribution penalty and for that distribution to be repaid to the Plan over a 3 year period and temporary suspension of required minimum distribution requirements.

Effective April 1, 2021, the Plan's name was changed from Northern Illinois Clinical Laboratories 401(k) Savings and Profit Sharing Plan to NICL Laboratories 401(k) Savings and Profit Sharing Plan.

Effective August 12, 2021, the Plan was amended and restated to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37).

b) Contributions:

Each year, participants may contribute up to the maximum amount permitted by law. The Companies match 20 cents per dollar on the first 6% that a participant contributes to the Plan. All contributions are invested in participant directed funds administered by an insurance company.

c) Participants' Accounts:

Each participant's account is credited with the participant's contribution, the Companies' matching contributions, Plan earnings, and forfeitures of former Plan participants' non-vested account balances.

d) Forfeitures:

At December 31, 2023 and 2022 forfeited nonvested accounts totaled \$21 and \$123, respectively. These accounts will be used to reduce future employer contributions that are non-elective or matching contributions. These contributions must be fully vested at the time such contributions are allocated. During the year ended December 31, 2023, employer contributions were reduced by \$384 from forfeited nonvested accounts.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

1) Description of Plan (continued)

e) Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. A participant is 100 percent vested in the employers' matching contributions after three years of credited service.

f) Investment Options:

Upon enrollment in the Plan, a participant may direct employee contributions in any of the investment options administered by the insurance company.

g) Payment of Benefits:

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; early retirement upon reaching age 55 and completing three years of service; total disability; employee death; termination of service; and financial hardship. Benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal, or substantially equal, installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

h) Participants' Loans:

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator.

2) Summary of Significant Accounting Policies

a) Basis of Accounting:

The accompanying financial statements are prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

b) Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

2) Summary of Significant Accounting Policies (continued)

c) Investment Valuation and Income Recognition:

Investments in mutual funds are valued both periodically and daily at their fair value based on share prices received from National Securities Clearing Corporation. Investments in group funds are recorded at their fair market value practical expedient (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 investments and changes therein of the trust fund have been reported to the Plan by the Empower Trust Company, LLC and Empower Annuity Insurance Company of America as having been determined through the use of fair values for all assets of the trust fund (except for the fully benefit responsive investment contract, Guaranteed Portfolio Fund, which is reported at contract value). (See Exhibit I). See note 12 for discussion of fair value measurements.

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

Loans to participants are valued at cost which approximates fair value.

d) Notes Receivable from Participants:

Participant loans are available to all qualifying participants providing they do not have more than two loans outstanding at any one time. Repayments, including principal and interest are to be made at least quarterly over a five year period unless the loan is for the purchase of a principal residence, in which case the repayment period may not extend beyond ten years. Interest rates are determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money under similar circumstances. Unless otherwise determined by the Trustee, the interest rate will be the prime rate of interest charged by banks as referenced in the Wall Street Journal as of the date of the loan plus one percent.

Participants' loan balances are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged to the individual loan account that they pertain to when they occur. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement for tax purposes but the loan principal and accrued interest are kept on the books and continue to accrue interest until they are repaid or offset. A Loan Offset occurs when a participant attains a qualified event to disburse (i.e. separation of service, death or normal retirement age) and elects to treat an outstanding loan as a taxable distribution.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

2) Summary of Significant Accounting Policies (continued)

e) Payment of Benefits:

Benefits are recorded when paid.

f) Subsequent Events:

In accordance with ASC Topic 855, the Plan evaluated subsequent events through the report date, the date these financial statements were issued. There were no material events that required recognition or additional disclosures in these financial statements.

3) Tax Status of the Plan

The Company adopted the Great-West Trust Company Defined Contribution Pre-Approved Plan. This prototype plan received a favorable opinion letter from the Internal Revenue Service, dated June 30, 2020, qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code.

The Plan is subject to routine audits by the Internal Revenue Service or other tax authorities, generally for three years after the tax returns are filed; however, there are currently no audits for any tax periods in progress.

The Plan's TPA has confirmed that the Plan is up-to-date and has implemented all required changes to the Plan as of December 31, 2023.

4) Trustee and Investment Manager

Under the terms of the trust agreement Paul Kent, Anna Welder, Barbara Sevener, Joel Welder and Katherine Madden are Trustees. Empower Trust Company, LLC is a Directed Trustee. Investment policy and investment activities are at the discretion of the participants based upon those investments made available in the Plan. Investment options may change from time to time as directed by the Companies.

5) Plan Termination

Although they have not expressed any intent to do so, the Companies reserve the right under the Plan to discontinue its contribution at any time and to terminate the Plan at any time by resolution of the sponsor company's Board of Directors subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in the accounts.

6) Administrative Costs

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. Investment related expenses are included in net appreciation of fair value of investments.

The Plan has entered into a revenue sharing expense offset arrangement between Empower Trust Company, LLC and LeafHouse Financial Advisors, LLC.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

- 6) Administrative Costs (continued)
The revenue sharing both received and paid out during the 2023 calendar year was \$1,722. There was no unused balance at December 31, 2023.
- 7) Transactions Required to Be Reported
ERISA requires that transactions or aggregates of transactions with respect to a security wherein the amount of the transaction or aggregate of transactions exceeding 5% of the fair value of Plan assets at the beginning of the Plan year be separately disclosed. The Guaranteed Investment Contract reportable transactions, if any, are shown in Exhibit II. For the year ended December 31, 2023, all mutual fund transactions were participant driven so nothing is required to be reported.
- 8) Information Certified by Trustee
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participant loans held at December 31, 2023 and 2022, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023 was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company of America.
- 9) Information Prepared and Certified by Trustee
The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee. The amounts are reported on the cash basis except for participant loans which include accrued interest.

	<u>2023</u>	<u>2022</u>
Investments at Fair Value		
Mutual Funds	\$ 7,310,352	\$ 7,379,411
Notes receivable - participants' loans	294,567	263,276
Net appreciation	837,873	(1,860,036)
Investments at Contract Value	1,648,775	1,048,645
Investment income/(loss)	255,212	438,568
Interest on notes receivable	16,957	10,333

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

10) Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits at December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 9,253,694	\$ 8,691,332
Add: Net deemed interest reported on 5500 and not financial statements at December 31, 2023 and 2022	(450)	(438)
Add: Deemed distributed loans recognized under GAAP at December 31, 2023 and 2022	8,405	-
Less: Loans deemed distributed in prior years not recognized under GAAP at December 31, 2022 and 2021	(13,206)	(9,447)
Loans deemed distributed loans during 2023 and 2022	-	(3,321)
Net assets available for benefits per Form 5500	<u>\$ 9,248,443</u>	<u>\$ 8,678,126</u>

The following is a reconciliation of participant loan balances at December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Participant loans per the financial statements	\$ 294,567	\$ 263,276
Less: CY deemed interest reported on Form 5500 and not financial statements at December 31, 2023 and 2022	(450)	(438)
Add: Deemed distributed loans recognized under GAAP	8,405	-
Less: Loans deemed distributed in prior years not recognized under GAAP	(13,206)	(9,447)
Less: Year-end deemed distributed loan not recognized under GAAP	-	(3,321)
Participant loans per Form 5500	<u>\$ 289,316</u>	<u>\$ 250,070</u>

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

10) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of interest on participant loans at December 31, 2023:

	<u>2023</u>
Interest on participant loans per the financial statements	\$ 16,957
Less: Prior year loan interest accrued December 31, 2023	1,082
Less: Deemed loan interest distributed December 31, 2023	(1,111)
Less: Deemed loan interest receivable December 31, 2023	(494)
Interest on participant loans per Form 5500	<u>\$ 16,434</u>

The following is a reconciliation of benefit payments at December 31, 2023:

	<u>2023</u>
Benefit payments per the financial statements	\$ 901,950
Less: Prior year 5500 deemed loan distributions distributed under GAAP in current year due to qualifying event at December 31, 2023	(8,405)
Less: Current year deemed loan interest distributed and recognized under GAAP at December 31, 2023	(73)
Benefit payments per Form 5500	<u>\$ 893,472</u>

11) Fair Value Measurements

In May 2015, the FASB issued ASU 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy.

Plan participants choose their investment elections from the mutual funds offered under the Plan. The objective is to offer a diverse number of investment options allowing participants to diversify their investment holdings while minimizing the overall costs to the Plan participants.

The Guaranteed Portfolio Fund is an unallocated group annuity contract whose funds are held in the general account of Empower Annuity Insurance Company of America. Participants invested in this contract do not hold the assets of the investment option directly. Rather the investment issues units and determines the price for each unit, which may differ from the price of a share held directly in the underlying investment.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

11) Fair Value Measurements (continued)

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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under ASC 820 are described below.

Basis of Fair Value Measurement:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

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:

- a) Quoted prices for similar assets or liabilities in active markets
- b) Quoted prices for identical or similar assets or liabilities in inactive markets
- c) Inputs other than quoted prices that are observable for the asset or liability
- d) 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 – Prices or valuations that require inputs that are unobservable for the asset or liability.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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.

1. Fixed Annuities (Guaranteed Portfolio Fund) - The reported values for fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. The interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate as stated in the contract and prevailing market conditions. The interest crediting rate is reset quarterly.
2. Variable Annuities - Prices/unit values for Variable Annuity investment options are calculated daily by the annuity provider according to the methods described in the annuity contract. The Plan held no variable annuities during 2023 or 2022.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

11) Fair Value Measurements (continued)

3. Mutual Funds - Share prices/net asset values (NAVs) are valued at the daily closing price as reported by the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source such as Interactive Data Corporation. Mutual funds held by the Plan are open-end mutual funds that are registered with the U. S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

As of December 31, 2023 and 2022, the Plan's investments measured at fair value on a recurring basis were as follows:

<u>Investment Assets at Fair Value as of December 31, 2023</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	<u>7,310,352</u>	<u>-</u>	<u>-</u>	<u>7,310,352</u>
Investments at fair value	<u>7,310,352</u>	<u>-</u>	<u>-</u>	<u>7,310,352</u>

<u>Investment Assets at Fair Value as of December 31, 2022</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	<u>7,379,411</u>	<u>-</u>	<u>-</u>	<u>7,379,411</u>
Investments at fair value	<u>7,379,411</u>	<u>-</u>	<u>-</u>	<u>7,379,411</u>

For the years ended December 31, 2023 and 2022, there were no transfers in or out of Levels 1, 2 or 3.

Total Level 3 assets were 0.0% of total "Net Assets Available for Plan Benefits" on the Plan's statements of net assets available for plan benefits at fair value as of December 31, 2023.

12) Fully Benefit-Responsive Investment Contracts

The Plan holds one traditional fully benefit-responsive guaranteed portfolio group annuity contract with Empower Annuity Insurance Company of America. Empower maintains the contributions in a general account. This contract meets the fully benefit-responsive investment contract criteria and therefore is 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.

	<u>2023</u>	<u>2022</u>
Traditional Investment Contracts	<u>\$ 1,648,775</u>	<u>\$ 1,048,645</u>
Total	<u>\$ 1,648,775</u>	<u>\$ 1,048,645</u>

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

12) Fully Benefit-Responsive Investment Contracts (continued)

The key difference between a traditional investment contract and a synthetic investment contract is that the Plan owns the underlying assets of a synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself.

Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The Plan does not hold any synthetic investment contracts.

The traditional investment contract held by the Plan is a group annuity contract and the contract issuer (Empower) is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the issuer but may not be less than 0%. The average rate during the years ended December 31, 2023 and 2022 was 1.23% and .93%, respectively. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment 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 issuer. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of operations) that significantly affect the Plan's normal operations.

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

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

13) 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 statement of net assets available for benefits.

14) Contingencies

There are no known contingencies as of the date of these financial statements.

Supplementary Information

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Form 5500, FEIN 36-3141391, Plan 001
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023
EXHIBIT I

(a) (*) Party in Interest	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Assets	Maturity Date	Interest Rate	(d) Cost of Assets	(e) Current Value
		Great-West Aggressive Profile Fund Inst	1MXGTX	1MXGTX	1,580,032	1,598,350
		Great-West Moderate Profile Fund Inst	1MXITX	1MXITX	1,623,620	1,651,546
		Guaranteed Portfolio Fund	1PORT	1.30% 1PORT	1,561,664	1,648,775
		T. Rowe Price Growth Stock I	1PRUFX	1PRUFX	361,572	407,526
		Vanguard 500 Index Admiral	1VFIAX	1VFIAX	493,407	649,347
		American Funds Washington Mutual R6	1RWMGX	1RWMGX	254,829	293,357
		Vanguard Total Intl Stock Index Admiral	1VTIAX	1VTIAX	285,905	298,024
		Great-West Conservative Profile Fund Inst	1MXKVX	1MXKVX	748,675	760,020
		BlackRock Mid-Cap Growth Equity K	1BMGKX	1BMGKX	177,239	147,613
		American Funds New Perspective R6	1RNPGX	1RNPGX	187,677	193,387
		Vanguard Small Cap Index ADM	1VSMAX	1VSMAX	172,972	207,404
		Western Asset Core Plus Bond IS	1WAPSX	1WAPSX	112,224	98,520
		Vanguard Mid Cap Index Fund - Admiral	1VIMAX	1VIMAX	70,919	84,289
		Vanguard Total Bond Market Index Admiral	1VBTXL	1VBTXL	254,220	246,495
		American Funds Inflation Linked Bd R6	1RILFX	1RILFX	62,875	55,847
		American Century Mid Cap Value R6	1AMDVX	1AMDVX	123,571	121,342
		Cohen & Steers Real Estate Securities Z	1CSZIX	1CSZIX	50,245	47,181
		Franklin Intl Growth R6	1FILRX	1FILRX	70,674	62,920
		Vanguard Target Retirement 2025 Inv	1VTTVX	1VTTVX	83,560	78,069
		PGIM High-Yield R6	1PHYQX	1PHYQX	65,522	63,576
		AB Small Cap Growth Z	1QUAZX	1QUAZX	36,537	27,377
		PGIM Total Return Bond R6	1PTRQX	1PTRQX	8,862	7,375
		Allspring Special Small Cap Value R6	1ESPRX	1ESPRX	18,293	19,557
		Vanguard Target Retirement 2045 Inv	1VTIVX	1VTIVX	5,729	5,548
		Vanguard Target Retirement 2040 Inv	1VFORX	1VFORX	1,088	1,163
		American Funds New World R6	1RNWGX	1RNWGX	13,769	14,329
		PIMCO Income Instl	1PIMIX	1PIMIX	161,035	168,867
		Vanguard Target Retirement 2060 Inv	1VTTSX	1VTTSX	1,174	1,302
					<u>\$ 8,587,889</u>	<u>\$ 8,959,106</u>
*	Participant Notes Receivable		Various	4.25% - 9.50%	-	289,316
	Forfeitures				21	21

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Form 5500, FEIN 36-3141391, Plan 001
Schedule H Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023
EXHIBIT II

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gains (Loss)
	Empower Mod Profile Fund Inst	-	818,523	863,633	(45,110)
	Guaranteed Portfolio Fund	818,523	-	-	
	Empower Con Profile Fund Inst	478,259	-	-	
	Empower Agg Profile Fund Inst	-	464,958	500,076	(35,118)

**Most transactions are participant-directed transactions. Accordingly, series of purchases exceeding 5% of the net plan assets do not need to be reported on this schedule.

NICL Laboratories 401(k) Savings and Profit Sharing Plan
Form 5500, FEIN 36-3141391, Plan 001
Schedule H Line 4i - Schedule of Assets (Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2023
Exhibit III

(a)	(b)	(c)	(d)
Identity of Issuer, borrower lessor or similar party	Maturity Date	Interest Rate	Cost of Acquisition
Guaranteed Portfolio Fund		1.25%	37,657
Guaranteed Portfolio Fund		1.20%	196
Guaranteed Portfolio Fund		1.30%	892,641
Guaranteed Portfolio Fund		1.15%	-
			65,986
			679
			252,616
			28,782

NOTE 1: Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therefore, all variable funds are excluded from this report.

NOTE 2: All mutual fund transactions are participant directed. Accordingly, series of purchases exceeding 5% of the net plan assets do not need to be reported on this schedule.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**NICL Laboratories 401(k) Savings and Profit Sharing Plan****01-JAN-23 to 31-DEC-23****29-JAN-24 13:41:45**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXXVX			748,675.46	760,019.75
1MXITX			1,623,619.98	1,651,546.26
1MXGTX			1,580,032.44	1,598,349.17
1VTTVX			83,559.91	78,069.08
1VFORX			1,087.62	1,162.78
1VTIVX			5,729.14	5,548.17
1VTTSX			1,173.69	1,301.98
1RNP GX			187,677.10	193,387.45
1RNW GX			13,769.05	14,328.77
1FILRX			70,673.57	62,919.70
1VTIAX			285,904.50	298,023.80
1CSZIX			50,245.39	47,181.03
1QUAZX			36,536.90	27,376.68
1VSMAX			172,971.80	207,404.38
1ESPRX			18,293.46	19,557.31
1AMD VX			123,571.28	121,342.16
1BMGKX			177,239.24	147,613.24
1VIMAX			70,918.54	84,289.03
1RWMGX			254,829.38	293,357.36
1PRUF X			361,572.13	407,526.13
1VFIA X			493,407.03	649,346.83
1RILFX			62,874.98	55,846.55
1PIMIX			161,035.21	168,867.05
1PHYQX			65,521.76	63,575.66
1PTRQX			8,861.56	7,374.94
1VBTLX			254,220.10	246,495.01
1WAP SX			112,224.37	98,520.07
1PORT		1.300	1,561,663.85	1,648,774.80
			8,587,889.44	8,959,105.14
PARTICIPANT LOANS	VARIOUS	4.250-9.500	289,195.04	289,316.05
FORFEITURES			20.94	21.43

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**NICL Laboratories 401(k) Savings and Profit Sharing Plan****01-JAN-23 to 31-DEC-23****29-JAN-24 13:41:45**

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

INVESTMENT OPTION:

1MXKVX Empower Con Profile Fund Inst
 1MXGTX Empower Agg Profile Fund Inst
 1VFORX Vanguard Target Retirement 2040 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv
 1RNWGX American Funds New World R6
 1VTIAX Vanguard Total Intl Stock Index Admiral
 1QUAZX AB Small Cap Growth Z
 1ESPRX Allspring Special Small Cap Value R6
 1BMGKX BlackRock Mid-Cap Growth Equity K
 1RWMGX American Funds Washington Mutual R6
 1VFIAX Vanguard 500 Index Admiral
 1PIMIX PIMCO Income Instl
 1PTRQX PGIM Total Return Bond R6
 1WAPSX Western Asset Core Plus Bond IS

1MXITX Empower Mod Profile Fund Inst
 1VTTVX Vanguard Target Retirement 2025 Inv
 1VTIVX Vanguard Target Retirement 2045 Inv
 1RNPGX American Funds New Perspective R6
 1FILRX Franklin Intl Growth R6
 1CSZIX Cohen & Steers Real Estate Securities Z
 1VSMAX Vanguard Small Cap Index Adm
 1AMDVX American Century Mid Cap Value R6
 1VIMAX Vanguard Mid Cap Index Fund - Admiral
 1PRUFEX T. Rowe Price Growth Stock I
 1RILFX American Funds Inflation Linked Bd R6
 1PHYQX PGIM High-Yield R6
 1VBTLX Vanguard Total Bond Market Index Admiral
 1PORT Guaranteed Portfolio Fund

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

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