

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 MIMAKI USA 401(K) PLAN.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/2005
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) MIMAKI USA, INC. 150 SATELLITE BLVD NE, STE A SUWANEE, GA 30024-7132
2b	Employer Identification Number (EIN) 58-2498426
2c	Plan Sponsor's telephone number 678-730-0170
2d	Business code (see instructions) 423800

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.	09/30/2024	APRIL KOOISTRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2024	APRIL KOOISTRA
	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	5 164
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) 126 6a(2) 137 6b 0 6c 35 6d 172 6e 0 6f 172 6g(1) 137 6g(2) 138 6h 8
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 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 MIMAKI USA 401(K) PLAN.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMAKI USA, INC.	D Employer Identification Number (EIN) 58-2498426

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-TP-JK4Q	138	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 845	(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
LAMON & STERN, INC. 1950 N PARK PLACE STE 100 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
845			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	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year	7b	216993
c	Additions: (1) Contributions deposited during the year	7c(1)	15450
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	5302
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	9513
	▶ LOAN PAYMENT - PRINCIPAL		
	(6) Total additions	7c(6)	30265
d	Total of balance and additions (add lines 7b and 7c(6))	7d	247258
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4728
	(2) Administration charge made by carrier	7e(2)	405
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	15522
	▶		
	(5) Total deductions	7e(5)	20655
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	226603

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)	
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)	
(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)	
(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 MIMAKI USA 401(K) PLAN.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMAKI USA, INC.	D Employer Identification Number (EIN) 58-2498426

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- b

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

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

NATIONWIDEONE NATIONWIDE PLAZACOLUMBUS, OH 43215

(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)

NATIONWIDE LIFE INSURANCE COMPANY

10 W NATIONWIDE BLVD
5-05-111V
COLUMBUS, OH 43215

(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?
15 18 19 37 49 59 60 63 64 99	NONE	55451	Yes ☒ No ☐	Yes ☒ No ☐	1071	Yes ☐ No ☒

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

PENSION FINANCIAL SERVICES, INC.

3700 CRESTWOOD PKWY, STE 550
DULUTH, GA 30096

(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?
13 17	NONE	19287	Yes ☒ No ☐	Yes ☒ No ☐	402	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
NATIONWIDE	49 64	2143
(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.	
BRINKER CAPITAL INVESTMENTS	ADVISORY/SERVICE PROVIDER FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MIMAKI USA 401(K) PLAN.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMAKI USA, INC.		
		D Employer Identification Number (EIN) 58-2498426

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	145677	141856
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5625256	8176791
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	216993	226604
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5987926	8545251
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5987926	8545251

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)	163323	
(B) Participants	2a(1)(B)	692657	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		855980
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9657	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9657
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1979068
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2844705

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	207990	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		207990
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	63841	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6488	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9061	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		79390
j Total expenses. Add all expense amounts in column (b) and enter total	2j		287380

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2557325
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: **FORRESTALL CPA'S**

(2) EIN: **58-2412540**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MIMAKI USA 401(K) PLAN.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMAKI USA, INC.	D Employer Identification Number (EIN) 58-2498426	

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): 31-4156830		
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)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

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

MIMAKI USA 401(K) PLAN
Financial Statements and Supplementary Information
December 31, 2023 and 2022

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Forrestall CPAs

MEMBERS OF AMERICAN INSTITUTE OF CPA'S
GEORGIA SOCIETY OF CPA'S

THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
AND ASPPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Mimaki USA 401(k) Plan

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

We have performed audits of the accompanying financial statements of Mimaki USA 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the 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 years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mimaki USA 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mimaki USA 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional 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 Mimaki USA Company 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mimaki USA Company 401(k) 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



Forrestall CPAs, LLC
Buford, GA
September 12, 2023

MIMAKI USA 401(K) 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	\$ 8,176,791	\$ 5,625,855
At Contract Value	<u>194,540</u>	<u>186,723</u>
	8,371,331	5,812,578
Receivables:		
Employer contributions	-	29,554
Notes receivable from participants	<u>141,856</u>	<u>145,677</u>
	141,856	175,231
 TOTAL ASSETS	 <u>\$ 8,513,187</u>	 <u>\$ 5,987,809</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 8,513,187</u></u>	 <u><u>\$ 5,987,809</u></u>

See accompanying Independent Auditors' Report and Notes to Financial Statements

MIMAKI USA 401(K) PLAN
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS:		
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation (Depreciation) in FMV of Investments	\$ 950,310	\$ (1,249,946)
Interest, Dividends and Other Income	<u>1,011,313</u>	<u>175,552</u>
Total Investment Income (Loss)	<u>1,961,623</u>	<u>(1,074,394)</u>
Interest Income on Notes Receivable from Participants	<u>9,657</u>	<u>6,255</u>
Loan Principal Paid by Participants	<u>63,381</u>	<u>48,364</u>
Contributions:		
Employer	163,323	169,676
Participants	692,657	560,803
Rollover	<u>-</u>	<u>13,426</u>
Total Contributions	<u>855,980</u>	<u>743,905</u>
Total Additions (Subtractions)	<u>2,890,641</u>	<u>(275,870)</u>
DEDUCTIONS:		
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions Paid Directly to Participants	207,990	42,975
Distributions of Participants' Loans	61,300	68,500
Forfeitures	11,537	2,836
Other Deductions	3,949	-
Administrative Expenses	<u>80,487</u>	<u>66,742</u>
Total Deductions	<u>365,263</u>	<u>181,053</u>
Net Increase (Decrease)	2,525,378	(456,923)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of Plan Year	<u>5,987,809</u>	<u>6,444,732</u>
End of Plan Year	<u><u>8,513,187</u></u>	<u><u>\$ 5,987,809</u></u>

See accompanying Independent Auditors' Report and Notes to Financial Statements

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 1: Description of the Plan

The following description of Mimaki USA (the “Company”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan document and *Summary Plan Description* for a more complete description of the Plan’s provisions, which are available from the plan administrator.

General

The Plan is a defined contribution plan sponsored by the Company for the benefit of its employees and their beneficiaries. The purpose of the Plan is to enable participants and their beneficiaries to share in the Company’s profits and to encourage the loyalty and continuity of service of the participants. An employee becomes eligible to participate in the Plan upon obtaining age 18 and completing 30 days of continuous employment, as defined by the Plan. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

The Plan’s custodian is Nationwide Trust Company, FSB and the Plan’s record keeper is Nationwide Financial Services, Inc. Private Sector Retirement Plan Administration.

Contributions

Eligible participants may make annual contributions to the Plan through a salary deferral election up to a certain percentage or dollar amount, not to exceed the annual limit set by law. Eligible participants are allowed to make “Pre-Tax” and “Roth” deferral contributions. Employee rollover contributions are also permitted. Catch-up contributions are allowed by participants aged 50 and older. The Plan has an automatic deferral enrollment feature for newly eligible participants of 4% of compensation. There is no automatic escalation of the automatic deferral amount. The Company will make matching contributions to all eligible participants’ accounts in the amount of 50% of participants’ deferral contributions not to exceed 4% of participants’ deferral contributions. The Company may also elect to make a discretionary matching contribution based on participants’ deferral contributions not to exceed 4% of participants’ deferral contributions. The Company elected not to make discretionary matching contributions for the years ended December 31, 2023 and 2022.

Contributions are subject to certain limitations. Forfeitures are used to either pay Plan expenses or reduce Company contributions.

Participant Investment Account Options

Investment account options include various types of investment securities offered by the Plan. Each participant has the option of directing his or her contributions into any of these investment securities and may change their allocations daily.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, the Company’s matching contributions, the Company’s discretionary matching contributions (if any) and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their deferral and rollover contributions, plus earnings thereon. Vesting in the Company’s matching contributions portion of their accounts plus earnings thereon is based on years of credited service. A participant will become 100% vested in the Company’s matching contributions upon completing five years of service, as defined by the Plan.

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 1: Description of the Plan (continued)

Notes Receivable from Participants

The plan document includes provisions authorizing loans from the Plan to active eligible participants. A participant may only have one outstanding loan. The minimum amount of a loan is \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repaid over a period not to exceed five years (unless the loan is used for the purchase of a primary residence in which case the Administrator may permit a longer repayment term). Loan repayments are made through payroll deductions. The interest rate will be 2% above the prime rate. The interest rate shall remain fixed throughout the duration of the loan. Participants will be deemed to have defaulted on their loan if they fail to remit payments in a timely manner as required under the loan agreement, breach any of their obligations or duties under the loan agreement or terminate employment.

Payment of Benefits

Hardship withdrawals may be requested for medical expenses, purchase of a principal residence, prevention of eviction from or foreclosure on a principal residence, pay for post-secondary education, payments for burial or funeral expenses, pay expenses for the repair or damage to a principal residence, or any other immediate and heavy financial need as determined based on Internal Revenue Service regulations.

Starting in the calendar year in which a participant reaches the age of 72, an election must be made to receive distributions calculated in the same manner as Minimum Required Distributions.

Certain types of in-service withdrawals may be obtained.

Upon termination of service due to death, disability, or retirement, a participant is entitled to 100% of his account balance. For termination of service due to other reasons, a participant is entitled to the value of his vested account balance.

Forfeited Accounts

Forfeitures consist of unvested company contributions in participants' accounts at the conclusion of their participation in the Plan. Forfeitures are held in the Plan and are used to either pay administrative expenses or reduce future Company contributions. At December 31, 2023 and 2022, there were \$11,537 and \$2,836, respectively, in forfeited non-vested accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid.

Investment held by a defined contribution plan are required to be reported at fair value. Fair value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to mutual fund accounts and the general account because fair value less a surrender or withdrawal charge is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 2: Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value with the exception of fully benefit-responsive investment contracts, which are stated at contract value.

Contract value is the relevant measurement for that portion of the net assets available for benefits because contract value is the amount participants normally would receive if they initiate permitted transactions under the terms of the Plan. The Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability to an orderly transaction between market participants at the measurement date (the exit price).

For detailed information on each fund's investments and concentrations of credit risk, the Prospectus and the Annual Report are available from Nationwide Trust Company, FSB.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan at the Company's discretion.

Note 3: Certification of Plan Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, has certified the following information for the years ended December 31, 2023 and 2022, included in the accompanying financial statements and supplemental schedule, is complete and accurate:

- Investments and notes receivable from participants as shown in the accompanying statements of net assets available for plan benefits as of December 31, 2023 and 2022
- Investment income and interest income from notes receivable from participants as shown in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2023 and 2022

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 3: Certification of Plan Custodian (continued)

- Investments and notes receivable from participants' information included in the accompanying schedule of assets (held at end of year) as of December 31, 2023

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

Note 4: Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- | | |
|----------------|--|
| Level 1 | Unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access. |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets. |
| Level 3 | Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets. |

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

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.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for plan benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall as of December 31, 2023 and 2022:

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 4: Fair Value of Plan Assets (continued)

Assets at Fair Value as of December 31, 2023:				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ <u>8,176,791</u>	\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>8,176,791</u>

Assets at Fair Value as of December 31, 2022:				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ <u>5,625,855</u>	\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>5,625,855</u>

The Plan's investments (including gains and losses on investments purchased and sold, as well as held during the year) appreciated in value by \$950,310 in the year ended December 31, 2023 and depreciated in value by \$1,249,946 during the year ended December 31, 2022.

The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Note 5: Group Annuity Contract

The Plan invests in a traditional fully benefit-responsive guaranteed investment contract with Nationwide Insurance Company totaling \$194,540 for 2023 and \$186,723 for 2022. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the 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 issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 6: Party-in-Interest and Related-Party Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, and a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Participant loans are loans made to employees/participants of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Plan parties-in-interest included Pension Financial Services (“PFS”) who acted as the third-party administrator, Nationwide Trust Company, FSB who acted as the custodian, and Nationwide Financial Services, Inc. Private Sector Retirement Plan Administration who acted as the record keeper.

Direct expenses paid to service providers during the years ended December 31, 2023 and 2022 were approximately \$80,487 and \$66,742 respectively. Indirect expenses paid to service providers during the years ended December 31, 2023 and 2022 were approximately \$9,796 and \$5,762, respectively

The Company provides certain administrative services at no cost to the Plan.

Note 7: 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 accompanying statements of net assets available for plan benefits.

Note 8: Tax Status

The Plan operates under a Volume Submitter 401(k) Profit Sharing Plan adoption agreement in connection with a retirement plan and trust/custodial document sponsored by Pension Financial Services, Inc. This plan document has been filed with the appropriate agency and has obtained an opinion letter dated June 30, 2020. The Plan has not obtained or requested a determination letter. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan was qualified and the related trust was tax exempt as of the financial statement date.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 9: Plan Termination

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

Note 10: Reconciliation of Financial Statements to the Form 5500

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

	<u>2023</u>
Net assets available for plan benefits per the financial statements	\$ 8,513,187
FMV adjustment to guaranteed insurance contracts - current year	32,064
Net assets available for plan benefits per Form 5500	<u>\$ 8,545,251</u>

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

	<u>2022</u>
Net assets available for plan benefits per the financial statements	\$ 5,987,809
Employer contributions receivable - current year	(29,554)
FMV adjustment to guaranteed insurance contracts - current year	30,271
Miscellaneous adjustment	<u>(2,600)</u>
Net assets available for plan benefits per Form 5500	<u>\$ 5,985,926</u>

MIMAKI USA 401(K) PLAN
NOTES TO FINANCIALS STATEMENTS
December 31, 2023 and 2022

Note 10: Reconciliation of Financial Statements to the Form 5500 (continued)

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

	<u>2023</u>
Net increase per the financial statements	\$ 2,525,378
Miscellaneous adjustment	(117)
FMV adjustment to guaranteed insurance contracts	<u>32,064</u>
Net increase per the Form 5500	<u>\$ 2,557,325</u>

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

	<u>2022</u>
Net decrease per the financial statements	\$ (456,923)
Employer contributions receivable - current year	(29,554)
FMV adjustment to guaranteed insurance contracts	<u>32,271</u>
Net decrease per the Form 5500	<u>\$ (454,206)</u>

Note 11: Subsequent Events

Subsequent events have been evaluated through September 12, 2024 the date the financial statements were available to be issued. No subsequent events were noted that would require disclosure or modification to the financial statements.

SUPPLEMENTARY INFORMATION

Market Value Reconciliation		
Beginning Market Value		6,442,132.15
Receipts		
Cash Contributions	714,351.24	
Non-Cash Contributions	0.00	
Other Cash Receipts	62,669.63	
Non-Cash Receipts	0.00	
Total Receipts		777,020.87
Disbursements		
Benefit Payments	42,975.48 -	
Non-Cash Benefit Disbursements	0.00	
Other Cash Disbursements	66,741.87 -	
Non-Cash Disbursements	48,370.32 -	
Total Disbursements		158,087.67 -
Investment Activity		
Net Investment Income	1,073,139.47 -	
Total Investment Activity		1,073,139.47 -
Ending Market Value		5,987,925.88

Schedule of Assets Held for Investment as of 12/31/2022			
Product Summary			
Investment Program Accounts		5,770,932.46	
Retirement Advisor Accounts		216,993.42	
Total for all Investments		5,987,925.88	
Investment Program Accounts Underlying Assets			
Description of Assets	Market Value	Shares/Units Held	Cost
Bnymel Gbl Rtn I	72.01	4.9424 s	71.39
Dfa Gbl Realest Sec Inst	105.24	10.8383 s	89.36
Dfa Us Smcap Inst	12,166.47	314.2978 s	11,028.41
Dblne Cor Fxd Inc I	46,262.40	5,033.9936 s	52,213.13
Fed Hrns Gov Oblgtns Prmr	7,769.65	7,791.3402 u	7,722.13
Fed Hrns Inst Hyldbd Inst	4,243.34	510.6305 s	4,440.71
Fid 500 Indx	699,973.96	5,258.2179 s	602,551.84
Fid Mult Asst Indx	2,599.96	55.2478 s	2,501.44
Fid Us Bd Indx	42,371.54	4,162.2337 s	48,098.81
Metwest Ultra Shrt Bd I	27,542.94	6,767.3070 s	28,530.36
Pimcomcomdyrealrtnstratinst	127.69	26.1124 s	65.48
Tiaacrf Lfcycind 2015 Inst	5,836.73	371.0572 s	5,993.57
Tiaacrf Lfcycind 2020 Inst	369,219.94	21,770.0436 s	351,600.30
Tiaacrf Lfcycind 2025 Inst	91,901.29	4,962.2727 s	89,804.43
Tiaacrf Lfcycind 2030 Inst	180,156.72	8,985.3725 s	158,586.37
Tiaacrf Lfcycind 2035 Inst	531,503.09	24,721.0741 s	542,003.74
Tiaacrf Lfcycind 2040 Inst	164,314.08	7,244.8887 s	148,086.43
Tiaacrf Lfcycind 2045 Inst	171,316.18	7,314.9522 s	152,337.45
Tiaacrf Lfcycind 2050 Inst	92,243.39	3,893.7692 s	82,768.37
Tiaacrf Lfcycind 2055 Inst	99,148.07	5,193.7175 s	87,431.37
Tiaacrf Lfcycind 2060 Inst	45,929.31	3,109.6350 s	41,578.36
Trowepr Spttrmmmodgralloc	15,910.10	501.4213 s	16,998.70
Vngrd 500 Index Fd As	71,309.64	201.3771 s	72,204.89
Vngrd Altrntv Strat Inv	7,634.68	459.9206 s	7,625.58
Vngrd Bal Indx Adml	1,056,830.78	26,653.9916 s	1,070,511.12
Vngrd Comdty Strat Adml	7,693.47	281.3998 s	5,701.08
Vngrd Devl Mkt Indx Adml	234,308.87	17,330.5377 s	217,779.18
Vngrd Divd Gr Inv	19,879.10	564.2664 s	19,488.29

Schedule of Assets Held for Investment as of 12/31/2022 (continued)

Description of Assets	Market Value	Shares/Units Held	Cost
Vngrd Emrg Mkt Stkindxadm1	26,372.74	813.7221 s	30,394.72
Vngrd Gr Inc Adml	33,543.07	426.4311 s	36,903.67
Vngrd Gr Indx Adml	242,164.56	2,207.1140 s	235,869.68
Vngrd Hlth Care Indx Adml	37,223.58	299.8517 s	36,851.94
Vngrd Infl Prtct Sec Adml	100.78	4.3533 s	111.36
Vngrd Intl Val Inv	9,722.60	272.0369 s	9,410.95
Vngrd Mid-Cap Idx Fd As	147,903.15	585.8245 s	144,662.84
Vngrd Realest Indx Adml	105,867.27	905.8549 s	96,765.14
Vngrd St Corp Bd Indx Adml	5,262.76	257.2219 s	5,561.90
Vngrd Sm Cap Indx Fd As	586,492.02	6,669.2292 s	501,049.25
Vngrd Taxmgd Smcap Adml	741.94	9.6281 s	862.52
Vngrd Trgt Rtrmt 2045 Inv	4,487.69	196.6560 s	4,665.57
Vngrd Trgt Rtrmt 2050 Inv	19,143.75	506.4484 s	19,359.34
Vngrd Ttl Bnd Mkt Ldx Adm	6,472.39	682.7416 s	7,433.90
Vngrd Ttl Intlstkindx Adml	36,659.23	1,315.8373 s	37,596.69
Vngrd Ttl Stmkt Indx Fd As	117,895.96	1,266.3370 s	122,205.88
Vngrd Val Indx Adml	134,478.81	2,455.7855 s	106,934.98
Vngrd Wlsly Inc Adml	66,445.19	1,121.6271 s	70,976.58
Vngrd Wndsr Adml	35,907.19	525.8045 s	36,899.72
Loan Fund	145,677.14		

Subtotal 5,770,932.46

Retirement Advisor Accounts Underlying Assets

Description of Assets	Market Value	Shares/Units Held
Fixed Select Contract	216,993.42	196,618.0462 u
Subtotal	216,993.42	

Total for all Investments 5,987,925.88

Market Value Reconciliation		
Beginning Market Value		6,442,132.15
Receipts		
Cash Contributions	714,351.24	
Non-Cash Contributions	0.00	
Other Cash Receipts	62,669.63	
Non-Cash Receipts	0.00	
Total Receipts		777,020.87
Disbursements		
Benefit Payments	42,975.48 -	
Non-Cash Benefit Disbursements	0.00	
Other Cash Disbursements	66,741.87 -	
Non-Cash Disbursements	48,370.32 -	
Total Disbursements		158,087.67 -
Investment Activity		
Net Investment Income	1,073,139.47 -	
Total Investment Activity		1,073,139.47 -
Ending Market Value		5,987,925.88

Schedule of Assets Held for Investment as of 12/31/2022			
Product Summary			
Investment Program Accounts		5,770,932.46	
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Total for all Investments		5,987,925.88	
Investment Program Accounts Underlying Assets			
Description of Assets	Market Value	Shares/Units Held	Cost
Bnymel Gbl Rtn I	72.01	4.9424 s	71.39
Dfa Gbl Realest Sec Inst	105.24	10.8383 s	89.36
Dfa Us Smcap Inst	12,166.47	314.2978 s	11,028.41
Dblne Cor Fxd Inc I	46,262.40	5,033.9936 s	52,213.13
Fed Hrns Gov Oblgtns Prmr	7,769.65	7,791.3402 u	7,722.13
Fed Hrns Inst Hyldbd Inst	4,243.34	510.6305 s	4,440.71
Fid 500 Indx	699,973.96	5,258.2179 s	602,551.84
Fid Mult Asst Indx	2,599.96	55.2478 s	2,501.44
Fid Us Bd Indx	42,371.54	4,162.2337 s	48,098.81
Metwest Ultra Shrt Bd I	27,542.94	6,767.3070 s	28,530.36
Pimcomcomdyrealrtnstratinst	127.69	26.1124 s	65.48
Tiaacrf Lfcycind 2015 Inst	5,836.73	371.0572 s	5,993.57
Tiaacrf Lfcycind 2020 Inst	369,219.94	21,770.0436 s	351,600.30
Tiaacrf Lfcycind 2025 Inst	91,901.29	4,962.2727 s	89,804.43
Tiaacrf Lfcycind 2030 Inst	180,156.72	8,985.3725 s	158,586.37
Tiaacrf Lfcycind 2035 Inst	531,503.09	24,721.0741 s	542,003.74
Tiaacrf Lfcycind 2040 Inst	164,314.08	7,244.8887 s	148,086.43
Tiaacrf Lfcycind 2045 Inst	171,316.18	7,314.9522 s	152,337.45
Tiaacrf Lfcycind 2050 Inst	92,243.39	3,893.7692 s	82,768.37
Tiaacrf Lfcycind 2055 Inst	99,148.07	5,193.7175 s	87,431.37
Tiaacrf Lfcycind 2060 Inst	45,929.31	3,109.6350 s	41,578.36
Trowepr Spttrmmmodgralloc	15,910.10	501.4213 s	16,998.70
Vngrd 500 Index Fd As	71,309.64	201.3771 s	72,204.89
Vngrd Altrntv Strat Inv	7,634.68	459.9206 s	7,625.58
Vngrd Bal Indx Adml	1,056,830.78	26,653.9916 s	1,070,511.12
Vngrd Comdty Strat Adml	7,693.47	281.3998 s	5,701.08
Vngrd Devl Mkt Indx Adml	234,308.87	17,330.5377 s	217,779.18
Vngrd Divd Gr Inv	19,879.10	564.2664 s	19,488.29

Schedule of Assets Held for Investment as of 12/31/2022 (continued)

Description of Assets	Market Value	Shares/Units Held	Cost
Vngrd Emrg Mkt Stkindxadm1	26,372.74	813.7221 s	30,394.72
Vngrd Gr Inc Adml	33,543.07	426.4311 s	36,903.67
Vngrd Gr Indx Adml	242,164.56	2,207.1140 s	235,869.68
Vngrd Hlth Care Indx Adml	37,223.58	299.8517 s	36,851.94
Vngrd Infl Prtct Sec Adml	100.78	4.3533 s	111.36
Vngrd Intl Val Inv	9,722.60	272.0369 s	9,410.95
Vngrd Mid-Cap Idx Fd As	147,903.15	585.8245 s	144,662.84
Vngrd Realest Indx Adml	105,867.27	905.8549 s	96,765.14
Vngrd St Corp Bd Indx Adml	5,262.76	257.2219 s	5,561.90
Vngrd Sm Cap Indx Fd As	586,492.02	6,669.2292 s	501,049.25
Vngrd Taxmgd Smcap Adml	741.94	9.6281 s	862.52
Vngrd Trgt Rtrmt 2045 Inv	4,487.69	196.6560 s	4,665.57
Vngrd Trgt Rtrmt 2050 Inv	19,143.75	506.4484 s	19,359.34
Vngrd Ttl Bnd Mkt Ldx Adm	6,472.39	682.7416 s	7,433.90
Vngrd Ttl Intlstkindx Adml	36,659.23	1,315.8373 s	37,596.69
Vngrd Ttl Stmkt Indx Fd As	117,895.96	1,266.3370 s	122,205.88
Vngrd Val Indx Adml	134,478.81	2,455.7855 s	106,934.98
Vngrd Wlsly Inc Adml	66,445.19	1,121.6271 s	70,976.58
Vngrd Wndsr Adml	35,907.19	525.8045 s	36,899.72
Loan Fund	145,677.14		

Subtotal 5,770,932.46

Retirement Advisor Accounts Underlying Assets

Description of Assets	Market Value	Shares/Units Held
Fixed Select Contract	216,993.42	196,618.0462 u
Subtotal	216,993.42	

Total for all Investments 5,987,925.88