

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 04/17/2023 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 MOZARC MEDICAL SAVINGS AND INVESTMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/17/2023
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) MOZARC MEDICAL US LLC 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432
2b	Employer Identification Number (EIN) 88-3154875
2c	Plan Sponsor's telephone number 713-276-2305
2d	Business code (see instructions) 339110

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.	10/08/2024	CHARLOTTE BRISBOIS
	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	5 214
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) 214 6a(2) 250 6b 0 6c 6 6d 256 6e 0 6f 256 6g(1) 0 6g(2) 249 6h 0
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:

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

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 0
- (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 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 04/17/2023 and ending 12/31/2023

A Name of plan MOZARC MEDICAL SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOZARC MEDICAL US LLC	D Employer Identification Number (EIN) 88-3154875

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

Yes

No
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	
04-2647786	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	19885	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 04/17/2023 and ending 12/31/2023					
A Name of plan MOZARC MEDICAL SAVINGS AND INVESTMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MOZARC MEDICAL US LLC				D Employer Identification Number (EIN) 88-3154875	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STBL VAL B1					
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY					
c EIN-PN 84-1142974-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420851		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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 04/17/2023 and ending 12/31/2023		
A Name of plan MOZARC MEDICAL SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOZARC MEDICAL US LLC	D Employer Identification Number (EIN) 88-3154875	

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	2666
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	294815
(9) Value of interest in common/collective trusts	1c(9)	0	420851
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	0	42610070
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(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	0	43328402
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
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	0	43328402

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)	1547657	
(B) Participants	2a(1)(B)	2080985	
(C) Others (including rollovers)	2a(1)(C)	2133617	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5762259
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29	
(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)	11129	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11158
(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)	823995	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		823995
(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)		6552
(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)		3181044
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		9785008

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1598173	
(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)		1598173
f Corrective distributions (see instructions)	2f		7441
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)	19885	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	371	
(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)		20256
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1625870

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8159138
l Transfers of assets:			
(1) To this plan	2l(1)		35169264
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	34250
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 04/17/2023 and ending 12/31/2023

A Name of plan MOZARC MEDICAL SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOZARC MEDICAL US LLC	D Employer Identification Number (EIN) 88-3154875

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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 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 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	
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Mozarc Medical Savings and Investment Plan

Financial Statements and
Supplementary Information

December 31, 2023

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Independent Auditors' Report

To the Plan Administrator of
Mozarc Medical Savings and Investment Plan

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

We have performed an audit of the financial statements of Mozarc Medical Savings and Investment Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the period from April 17, 2023 (inception) to 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 audit of Mozarc Medical US LLC's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2023, and for the period from April 17, 2023 (inception) to December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Baker Tilly US, LLP

Minneapolis, Minnesota
October 7, 2024

Mozarc Medical Savings and Investment Plan

Statements of Net Assets Available for Benefits

December 31, 2023

	2023
Assets	
Investments	
Investments at fair value	\$ 43,033,587
Receivables	
Employer contributions	21,869
Notes receivable from participants	294,815
Total receivables	316,684
Total assets	43,350,271
Net assets available for benefits	\$ 43,350,271

See notes to financial statements

Mozarc Medical Savings and Investment Plan

Statement of Changes in Net Assets Available for Benefits

Period From April 17, 2023 (Date of Inception) to December 31, 2023

Additions

Investment income

Interest and dividends	\$ 830,576
Net appreciation in fair value of investments	3,181,044

Total investment income	4,011,620
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Contributions

Participant contributions	2,080,985
Employer contributions	1,569,526
Rollovers	2,133,617

Total contributions	5,784,128
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Interest income on notes receivable from participants	11,129
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Total additions	9,806,877
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Deductions

Benefits paid to participants	1,605,614
Administrative expenses	20,256

Total deductions	1,625,870
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Net increase in net assets available for benefits	8,181,007
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Transfers from another plan	35,169,264
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Net assets available for benefits

Beginning of period	-
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End of period	\$ 43,350,271
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See notes to financial statements

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

1. Description of Plan

The following description of the Mozarc Medical Savings and Investment Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective April 17, 2023. The Plan covers all employees, excluding employees covered by a collective bargaining agreement, leased employees as defined in Subsection 2.01(ff) of the basic plan document, nonresident aliens and employees of participating employers prior to the adoption of the Plan by the participating employer, Mozarc Medical US LLC.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company appointed Fidelity Management Trust Company (the Trustee) as the Trustee of the Plan. The Plan's Administrative Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute up to 75% of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants also may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Automatically enrolled participants will have their deferral rate increase by 1% on the anniversary of their enrollment date until their deferral rate reaches 10%. The Company matches 200% of deferrals up to 2% of compensation plus a 100% match on deferrals between 2% and 6%. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company matching contributions and an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, 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 vested immediately in their contributions and the Company's contributions plus actual earnings thereon.

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined annually, is set at a reasonable rate of interest as determined by the plan administrator, as defined. Principal and interest are paid ratably through monthly payroll deductions. Terms range from one fourth of a year to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant's vested balance is less than or equal to \$5,000, the amount may be automatically distributed in the form of lump sum cash payment or Individual Retirement Account (IRA), depending on the balance. In addition, the Plan allows for hardship distributions if certain criteria are met.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair 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 Plan sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers and Trustee, as applicable. See Note 3 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

Payment of Benefits

Benefits are recorded when paid.

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

Expenses

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

Recent Accounting Pronouncement

The Secure 2.0 Act was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2023. Plan management is evaluating the impact of optional SECURE 2.0 provisions and awaiting additional regulatory guidance from the IRS and the DOL. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

Subsequent Events

Subsequent events were evaluated through October 7, 2024, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

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 observables 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.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ -	\$ 2,666	\$ -	\$ 2,666
Mutual funds	42,610,070	-	-	42,610,070
Total assets in the fair value hierarchy	42,610,070	2,666	-	42,612,736
Investments measured at NAV (a)	-	-	-	420,851
Total investments at fair value	\$ 42,610,070	\$ 2,666	\$ -	\$ 43,033,587

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Fair Value of Investments That Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common Collective Trust	\$ 420,851	N/A	Daily	5 days

4. Concentrations

As of December 31, 2023, the Plan had investments of \$24,635,923 that were concentrated in four funds.

5. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2023. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2023 and the related investment activity and interest income from notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the period from April 17, 2023 (inception) to December 31, 2023.

6. Related Party and Party-in-Interest Transactions

Certain plan investments are managed by an affiliate of Fidelity Management Trust Company, the Trustee, and therefore, these transactions qualify as party-in-interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party-in-interest transactions.

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

7. 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.

8. Tax Status

The Plan adopted a pre-approved plan offered by FMR, LLC. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Mozarc Medical Savings and Investment Plan

Notes to Financial Statements

December 31, 2023 and the period from
April 17, 2023 (Date of Inception) to December 31, 2023

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

9. Risks and Uncertainties

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

10. Delinquent Participant Contributions

For the year ended December 31, 2023, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$34,250, in 2023. Additionally, the Company calculated lost earnings noting there were no lost earnings that were required to be remitted to fully correct the failure.

11. Reconciliation of Financial Statements to Form 5500

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

	2023
Net assets available for benefits per the financial statements	\$ 43,350,271
Employer receivable	(21,869)
Net assets available for benefits per Form 5500	\$ 43,328,402

The following is a reconciliation of the increase in net assets per the financial statements for the period from April 17, 2023 (inception) to December 31, 2023, to Form 5500:

Increase in net assets per the financial statements	\$ 8,181,007
Change in employer receivable	(21,869)
Increase in net assets per Form 5500	\$ 8,159,138

Mozarc Medical US LLC

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

EIN: 88-3154875 Plan Number: 001

Period From April 17, 2023 (Date of Inception) to December 31, 2023

Total That Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan (1)	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 34,250	\$ -	\$ 34,250	\$ -	\$ -

(1) Amount does (or does not) include participant loan repayments.

Mozarc Medical Savings and Investment Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 88-3154875 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
	William Blair	WM BLAIR SMDCP GR R6	N/R	\$ 71,481
	Hartford Mutual	HTFD INTL OPPS R6	N/R	154,101
	T. Rowe Price	TRP BLUE CHIP GRTH I	N/R	270,863
	Vanguard	VANG 500 INDEX ADM	N/R	5,742,473
	Vanguard	VANG EXT MKT IDX ADM	N/R	1,152,495
	Vanguard	VANG TOT BD MKT ADM	N/R	408,324
	Vanguard	VANG TOT INTL STK AD	N/R	954,517
	AllianceBernstein	AB DISC VALUE Z	N/R	169,930
	PGIM Investments	PGIM TOTAL RTN BD R6	N/R	152,809
	Blackrock	BLKRK INFL PRO BD K	N/R	78,032
	John Hancock	JH DISCPL VALUE R6	N/R	173,201
*	Fidelity Investments	FID FDM IDX INC IPR	N/R	846
*	Fidelity Investments	FID FDM IDX 2020 IPR	N/R	2,348,052
*	Fidelity Investments	FID FDM IDX 2025 IPR	N/R	1,112,214
*	Fidelity Investments	FID FDM IDX 2030 IPR	N/R	4,649,288
*	Fidelity Investments	FID FDM IDX 2035 IPR	N/R	3,351,072
*	Fidelity Investments	FID FDM IDX 2040 IPR	N/R	8,207,218
*	Fidelity Investments	FID FDM IDX 2045 IPR	N/R	6,036,944
*	Fidelity Investments	FID FDM IDX 2050 IPR	N/R	3,646,123
*	Fidelity Investments	FID FDM IDX 2055 IPR	N/R	2,618,745
*	Fidelity Investments	FID FDM IDX 2060 IPR	N/R	1,049,411
*	Fidelity Investments	FID FDM IDX 2065 IPR	N/R	261,931
Money Market Fund:				
*	Fidelity Investments	FID GOVT MMKT K6	N/R	2,666
Common Collective Trust Fund:				
*	Invesco	INVESCO STBL VAL B1	N/R	420,851
Participant Loans:				
*	Participant Loans	Maturities varying from 2025 through 2033 and interest rates at 4.25% to 9.50%	\$0	294,815
				\$ 43,328,402

*A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2023

<u>Fund Name</u>	<u>Share Balance 12/31/2023</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
INVESCO STBL VAL B1	420,851.250	\$420,851.25	\$1.00	\$420,851.25
WM BLAIR SMDCP GR R6	2,517.833	\$69,070.22	\$28.39	\$71,481.28
HTFD INTL OPPS R6	8,546.933	\$149,385.36	\$18.03	\$154,101.20
TRP BLUE CHIP GRTH I	1,803.949	\$241,365.57	\$150.15	\$270,862.94
VANG 500 INDEX ADM	13,051.372	\$5,234,187.88	\$439.99	\$5,742,473.17
VANG EXT MKT IDX ADM	9,243.625	\$983,009.98	\$124.68	\$1,152,495.17
VANG TOT BD MKT ADM	42,051.956	\$402,288.28	\$9.71	\$408,324.49
VANG TOT INTL STK AD	30,662.296	\$923,528.84	\$31.13	\$954,517.27
AB DISC VALUE Z	8,023.124	\$158,797.29	\$21.18	\$169,929.77
PGIM TOTAL RTN BD R6	12,670.692	\$148,467.65	\$12.06	\$152,808.55
BLKRK INFL PRO BD K	8,111.454	\$78,115.83	\$9.62	\$78,032.19
JH DISCPL VALUE R6	7,794.835	\$168,621.16	\$22.22	\$173,201.23
FID FDM IDX INC IPR	73.591	\$825.08	\$11.50	\$846.30
FID FDM IDX 2020 IPR	151,389.569	\$2,256,718.95	\$15.51	\$2,348,052.22
FID FDM IDX 2025 IPR	62,836.955	\$1,063,002.80	\$17.70	\$1,112,214.10
FID FDM IDX 2030 IPR	245,863.980	\$4,405,559.31	\$18.91	\$4,649,287.86
FID FDM IDX 2035 IPR	155,863.811	\$3,137,596.32	\$21.50	\$3,351,071.94
FID FDM IDX 2040 IPR	369,694.482	\$7,593,405.42	\$22.20	\$8,207,217.50
FID FDM IDX 2045 IPR	260,662.519	\$5,603,603.02	\$23.16	\$6,036,943.94
FID FDM IDX 2050 IPR	157,160.459	\$3,370,274.99	\$23.20	\$3,646,122.65
FID FDM IDX 2055 IPR	137,178.874	\$2,427,994.76	\$19.09	\$2,618,744.70
FID FDM IDX 2060 IPR	64,898.633	\$971,069.69	\$16.17	\$1,049,410.90
FID GOVT MMKT K6	2,665.750	\$2,665.75	\$1.00	\$2,665.75
FID FDM IDX 2065 IPR	20,040.599	\$243,634.30	\$13.07	\$261,930.63
OUTSTANDING LOAN BALANCE				\$294,815.34

			NET ASSETS 12/31/2023:	\$43,328,402.34
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

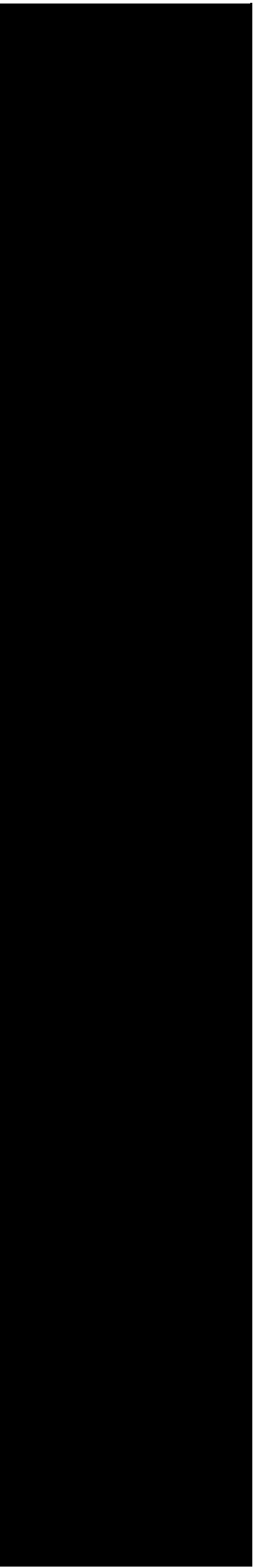
Note: This file was attached to W443970-11SEP23

Participant (SSN) *	Source ID *	Correction Amount - If a portion of the amount was inaccurate, only enter the Net amount *	Posting (Error) Date *	Self-Correction Date *	Fiscal Year*	I have calculated the earnings and here is the amount (if applicable)	Loan ID (if applicable)
674-26-4731	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
477-78-1736	03 - Match - Safe Harbor	\$160.00	7/20/2023	9/1/2023	2023		
477-78-1736	01 - Employee Deferral	\$120.00	7/20/2023	9/1/2023	2023		
477-53-6249	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
477-53-6249	02 - Roth Deferral	\$28.00	7/20/2023	9/1/2023	2023		
477-53-6249	01 - Employee Deferral	\$14.00	7/20/2023	9/1/2023	2023		
590-28-6403	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		
590-28-6403	01 - Employee Deferral	\$72.00	7/20/2023	9/1/2023	2023		
473-02-8266	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023		
473-02-8266	01 - Employee Deferral	\$370.00	7/20/2023	9/1/2023	2023		
476-66-5596	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023		
476-66-5596	01 - Employee Deferral	\$560.00	7/20/2023	9/1/2023	2023		
471-27-6488	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		
471-27-6488	02 - Roth Deferral	\$12.00	7/20/2023	9/1/2023	2023		
471-27-6488	01 - Employee Deferral	\$60.00	7/20/2023	9/1/2023	2023		
735-27-6532	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023		
023-78-6407	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
023-78-6407	01 - Employee Deferral	\$42.00	7/20/2023	9/1/2023	2023		
600-35-9819	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
353-60-9557	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023		
655-34-6411	03 - Match - Safe Harbor	\$104.00	7/20/2023	9/1/2023	2023		
655-34-6411	01 - Employee Deferral	\$130.00	7/20/2023	9/1/2023	2023		
655-34-6411	03 - Match - Safe Harbor	\$429.37	8/7/2023	9/1/2023	2023		
655-34-6411	03 - Match - Safe Harbor	\$429.37	8/17/2023	9/1/2023	2023		
824-25-2296	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023		
824-25-2296	01 - Employee Deferral	\$154.00	7/20/2023	9/1/2023	2023		
482-23-5221	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
482-23-5221	01 - Employee Deferral	\$91.00	7/20/2023	9/1/2023	2023		
243-84-5623	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
243-84-5623	02 - Roth Deferral	\$35.00	7/20/2023	9/1/2023	2023		
243-84-5623	01 - Employee Deferral	\$84.00	7/20/2023	9/1/2023	2023		
635-22-2080	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023		
635-22-2080	01 - Employee Deferral	\$1,912.50	7/20/2023	9/1/2023	2023		
477-02-5505	03 - Match - Safe Harbor	\$144.00	7/20/2023	9/1/2023	2023		
477-02-5505	02 - Roth Deferral	\$108.00	7/20/2023	9/1/2023	2023		
474-21-0396	03 - Match - Safe Harbor	\$52.00	7/20/2023	9/1/2023	2023		
355-80-3370	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023		
579-13-8791	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023		
579-13-8791	01 - Employee Deferral	\$370.00	7/20/2023	9/1/2023	2023		
471-13-9951	03 - Match - Safe Harbor	\$144.00	7/20/2023	9/1/2023	2023		
471-13-9951	01 - Employee Deferral	\$144.00	7/20/2023	9/1/2023	2023		
624-22-5689	03 - Match - Safe Harbor	\$900.00	7/20/2023	9/1/2023	2023		
624-22-5689	01 - Employee Deferral	\$1,125.00	7/20/2023	9/1/2023	2023		
024-64-3636	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		
024-64-3636	01 - Employee Deferral	\$144.00	7/20/2023	9/1/2023	2023		
255-71-7133	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023		
255-71-7133	01 - Employee Deferral	\$765.00	7/20/2023	9/1/2023	2023		
474-49-7136	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023		
474-49-7136	02 - Roth Deferral	\$42.00	7/20/2023	9/1/2023	2023		
019-52-9487	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023		
019-52-9487	01 - Employee Deferral	\$14.00	7/20/2023	9/1/2023	2023		
471-90-2921	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023		
471-90-2921	01 - Employee Deferral	\$560.00	7/20/2023	9/1/2023	2023		
613-88-7241	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023		
613-88-7241	02 - Roth Deferral	\$12.00	7/20/2023	9/1/2023	2023		
613-88-7241	01 - Employee Deferral	\$12.00	7/20/2023	9/1/2023	2023		
472-08-4418	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		
472-08-4418	01 - Employee Deferral	\$96.00	7/20/2023	9/1/2023	2023		
187-44-9011	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023		
187-44-9011	01 - Employee Deferral	\$765.00	7/20/2023	9/1/2023	2023		
470-17-3665	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		
470-17-3665	01 - Employee Deferral	\$96.00	7/20/2023	9/1/2023	2023		
056-93-1852	03 - Match - Safe Harbor	\$8.00	7/20/2023	9/1/2023	2023		
056-93-1852	01 - Employee Deferral	\$4.00	7/20/2023	9/1/2023	2023		
296-90-6669	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023		
296-90-6669	01 - Employee Deferral	\$308.00	7/20/2023	9/1/2023	2023		
019-50-9020	03 - Match - Safe Harbor	\$24.00	7/20/2023	9/1/2023	2023		
019-50-9020	01 - Employee Deferral	\$36.00	7/20/2023	9/1/2023	2023		
476-84-5654	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023		

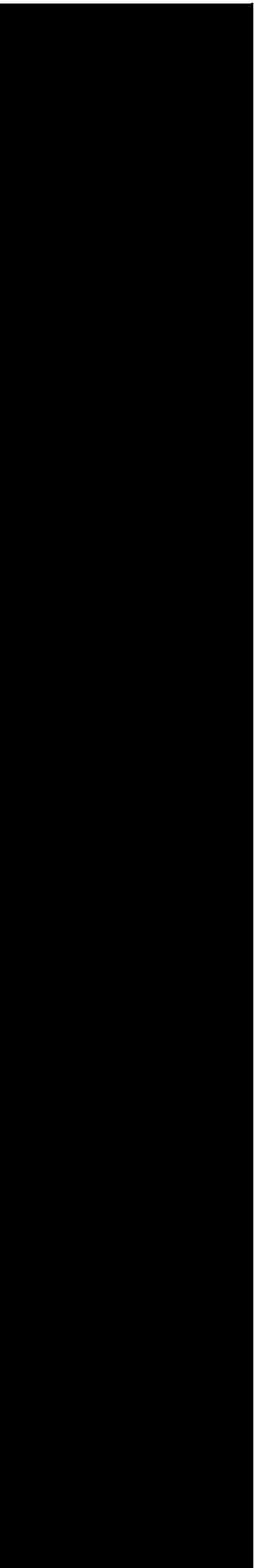
476-84-5654	01 - Employee Deferral	\$72.00	7/20/2023	9/1/2023	2023
476-86-7522	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
476-86-7522	01 - Employee Deferral	\$330.00	7/20/2023	9/1/2023	2023
020-50-8379	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
020-50-8379	01 - Employee Deferral	\$24.00	7/20/2023	9/1/2023	2023
501-94-8500	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023
150-64-6338	03 - Match - Safe Harbor	\$535.00	7/20/2023	9/1/2023	2023
150-64-6338	02 - Roth Deferral	\$321.00	7/20/2023	9/1/2023	2023
139-92-1865	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
139-92-1865	02 - Roth Deferral	\$96.00	7/20/2023	9/1/2023	2023
139-92-1865	01 - Employee Deferral	\$48.00	7/20/2023	9/1/2023	2023
038-52-8086	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
038-52-8086	01 - Employee Deferral	\$60.00	7/20/2023	9/1/2023	2023
473-51-1348	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
473-51-1348	02 - Roth Deferral	\$84.00	7/20/2023	9/1/2023	2023
473-51-1348	01 - Employee Deferral	\$120.00	7/20/2023	9/1/2023	2023
114-72-0787	03 - Match - Safe Harbor	\$104.00	7/20/2023	9/1/2023	2023
474-15-9117	03 - Match - Safe Harbor	\$424.00	7/20/2023	9/1/2023	2023
474-15-9117	01 - Employee Deferral	\$636.00	7/20/2023	9/1/2023	2023
433-57-1691	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
022-75-9285	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
022-75-9285	02 - Roth Deferral	\$24.00	7/20/2023	9/1/2023	2023
476-88-9731	03 - Match - Safe Harbor	\$160.00	7/20/2023	9/1/2023	2023
476-88-9731	01 - Employee Deferral	\$120.00	7/20/2023	9/1/2023	2023
179-64-0677	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
179-64-0677	01 - Employee Deferral	\$140.00	7/20/2023	9/1/2023	2023
491-11-8819	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023
491-11-8819	02 - Roth Deferral	\$560.00	7/20/2023	9/1/2023	2023
491-11-8819	01 - Employee Deferral	\$784.00	7/20/2023	9/1/2023	2023
476-17-6719	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
476-17-6719	02 - Roth Deferral	\$198.00	7/20/2023	9/1/2023	2023
476-17-6719	01 - Employee Deferral	\$88.00	7/20/2023	9/1/2023	2023
470-08-9282	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
470-08-9282	03 - Match - Safe Harbor	\$480.21	8/7/2023	9/1/2023	2023
469-27-0884	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
469-27-0884	01 - Employee Deferral	\$24.00	7/20/2023	9/1/2023	2023
475-35-4486	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
475-35-4486	02 - Roth Deferral	\$24.00	7/20/2023	9/1/2023	2023
468-27-8872	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
468-27-8872	01 - Employee Deferral	\$105.00	7/20/2023	9/1/2023	2023
030-76-6976	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
030-76-6976	01 - Employee Deferral	\$32.00	7/20/2023	9/1/2023	2023
176-70-3515	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
176-70-3515	02 - Roth Deferral	\$21.00	7/20/2023	9/1/2023	2023
176-70-3515	01 - Employee Deferral	\$21.00	7/20/2023	9/1/2023	2023
471-04-3347	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
471-04-3347	01 - Employee Deferral	\$40.00	7/20/2023	9/1/2023	2023
468-13-6131	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
431-02-3258	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
548-85-7742	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
548-85-7742	02 - Roth Deferral	\$296.00	7/20/2023	9/1/2023	2023
548-85-7742	01 - Employee Deferral	\$444.00	7/20/2023	9/1/2023	2023
391-78-8890	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
475-94-1978	03 - Match - Safe Harbor	\$616.00	7/20/2023	9/1/2023	2023
475-94-1978	01 - Employee Deferral	\$1,155.00	7/20/2023	9/1/2023	2023
397-17-4312	03 - Match - Safe Harbor	\$312.00	7/20/2023	9/1/2023	2023
397-17-4312	02 - Roth Deferral	\$39.00	7/20/2023	9/1/2023	2023
397-17-4312	01 - Employee Deferral	\$312.00	7/20/2023	9/1/2023	2023
293-96-3563	03 - Match - Safe Harbor	\$712.00	7/20/2023	9/1/2023	2023
293-96-3563	01 - Employee Deferral	\$534.00	7/20/2023	9/1/2023	2023
394-04-2657	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
027-50-6204	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
027-50-6204	01 - Employee Deferral	\$49.00	7/20/2023	9/1/2023	2023
087-56-0613	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
087-56-0613	01 - Employee Deferral	\$132.00	7/20/2023	9/1/2023	2023
590-56-2149	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
590-56-2149	01 - Employee Deferral	\$956.25	7/20/2023	9/1/2023	2023
547-97-8504	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
547-97-8504	02 - Roth Deferral	\$111.00	7/20/2023	9/1/2023	2023
547-97-8504	01 - Employee Deferral	\$222.00	7/20/2023	9/1/2023	2023
497-06-7733	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
556-69-4139	03 - Match - Safe Harbor	\$65.00	7/20/2023	9/1/2023	2023
588-56-0588	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
588-56-0588	01 - Employee Deferral	\$220.00	7/20/2023	9/1/2023	2023
421-25-3908	03 - Match - Safe Harbor	\$120.00	7/20/2023	9/1/2023	2023
421-25-3908	01 - Employee Deferral	\$80.00	7/20/2023	9/1/2023	2023
021-60-8841	03 - Match - Safe Harbor	\$120.00	7/20/2023	9/1/2023	2023
021-60-8841	01 - Employee Deferral	\$150.00	7/20/2023	9/1/2023	2023
477-96-2029	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
477-96-2029	02 - Roth Deferral	\$44.00	7/20/2023	9/1/2023	2023
477-96-2029	01 - Employee Deferral	\$176.00	7/20/2023	9/1/2023	2023



471-06-8444	03 - Match - Safe Harbor	\$616.00	7/20/2023	9/1/2023	2023
471-06-8444	02 - Roth Deferral	\$770.00	7/20/2023	9/1/2023	2023
023-62-1999	03 - Match - Safe Harbor	\$88.00	7/20/2023	9/1/2023	2023
023-62-1999	01 - Employee Deferral	\$165.00	7/20/2023	9/1/2023	2023
390-06-2791	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
390-06-2791	01 - Employee Deferral	\$32.00	7/20/2023	9/1/2023	2023
314-17-1576	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
314-17-1576	01 - Employee Deferral	\$96.00	7/20/2023	9/1/2023	2023
396-66-6661	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
396-66-6661	02 - Roth Deferral	\$148.00	7/20/2023	9/1/2023	2023
396-66-6661	01 - Employee Deferral	\$222.00	7/20/2023	9/1/2023	2023
477-27-5370	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
477-27-5370	01 - Employee Deferral	\$91.00	7/20/2023	9/1/2023	2023
049-86-8413	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
049-86-8413	02 - Roth Deferral	\$42.00	7/20/2023	9/1/2023	2023
035-64-3259	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
035-64-3259	01 - Employee Deferral	\$20.00	7/20/2023	9/1/2023	2023
872-20-8997	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
044-11-8669	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
044-11-8669	02 - Roth Deferral	\$77.00	7/20/2023	9/1/2023	2023
044-11-8669	01 - Employee Deferral	\$77.00	7/20/2023	9/1/2023	2023
701-67-5985	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
701-67-5985	01 - Employee Deferral	\$42.00	7/20/2023	9/1/2023	2023
252-71-9147	03 - Match - Safe Harbor	\$850.00	7/20/2023	9/1/2023	2023
252-71-9147	02 - Roth Deferral	\$850.00	7/20/2023	9/1/2023	2023
395-62-1404	03 - Match - Safe Harbor	\$176.00	7/20/2023	9/1/2023	2023
395-62-1404	01 - Employee Deferral	\$330.00	7/20/2023	9/1/2023	2023
038-38-4520	03 - Match - Safe Harbor	\$24.00	7/20/2023	9/1/2023	2023
038-38-4520	02 - Roth Deferral	\$30.00	7/20/2023	9/1/2023	2023
038-38-4520	01 - Employee Deferral	\$30.00	7/20/2023	9/1/2023	2023
468-96-1348	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
468-96-1348	02 - Roth Deferral	\$4.00	7/20/2023	9/1/2023	2023
468-96-1348	01 - Employee Deferral	\$20.00	7/20/2023	9/1/2023	2023
472-25-2160	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
472-25-2160	01 - Employee Deferral	\$91.00	7/20/2023	9/1/2023	2023
468-33-9361	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
468-33-9361	02 - Roth Deferral	\$16.00	7/20/2023	9/1/2023	2023
468-33-9361	01 - Employee Deferral	\$24.00	7/20/2023	9/1/2023	2023
170-70-9527	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
170-70-9527	01 - Employee Deferral	\$740.00	7/20/2023	9/1/2023	2023
714-60-4133	03 - Match - Safe Harbor	\$14.00	7/20/2023	9/1/2023	2023
028-62-8407	03 - Match - Safe Harbor	\$12.00	7/20/2023	9/1/2023	2023
470-15-1548	03 - Match - Safe Harbor	\$104.00	7/20/2023	9/1/2023	2023
075-94-4245	03 - Match - Safe Harbor	\$312.00	7/20/2023	9/1/2023	2023
039-64-1947	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
039-64-1947	02 - Roth Deferral	\$98.00	7/20/2023	9/1/2023	2023
143-78-3351	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023
143-78-3351	01 - Employee Deferral	\$504.00	7/20/2023	9/1/2023	2023
476-21-2734	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
476-21-2734	02 - Roth Deferral	\$264.00	7/20/2023	9/1/2023	2023
039-40-4193	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
039-40-4193	02 - Roth Deferral	\$180.00	7/20/2023	9/1/2023	2023
354-64-3845	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
354-64-3845	01 - Employee Deferral	\$32.00	7/20/2023	9/1/2023	2023
088-80-2607	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
088-80-2607	02 - Roth Deferral	\$84.00	7/20/2023	9/1/2023	2023
088-80-2607	01 - Employee Deferral	\$7.00	7/20/2023	9/1/2023	2023
470-70-6123	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
470-70-6123	01 - Employee Deferral	\$32.00	7/20/2023	9/1/2023	2023
035-60-7886	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
081-66-6615	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
474-02-5971	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
474-02-5971	01 - Employee Deferral	\$91.00	7/20/2023	9/1/2023	2023
394-82-7940	03 - Match - Safe Harbor	\$616.00	7/20/2023	9/1/2023	2023
394-82-7940	02 - Roth Deferral	\$770.00	7/20/2023	9/1/2023	2023
394-82-7940	01 - Employee Deferral	\$770.00	7/20/2023	9/1/2023	2023
476-04-3730	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
476-04-3730	01 - Employee Deferral	\$72.00	7/20/2023	9/1/2023	2023
020-86-4233	03 - Match - Safe Harbor	\$712.00	7/20/2023	9/1/2023	2023
020-86-4233	01 - Employee Deferral	\$534.00	7/20/2023	9/1/2023	2023
477-11-8933	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
477-11-8933	02 - Roth Deferral	\$96.00	7/20/2023	9/1/2023	2023
025-82-7114	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
025-82-7114	01 - Employee Deferral	\$48.00	7/20/2023	9/1/2023	2023
468-88-1490	03 - Match - Safe Harbor	\$616.00	7/20/2023	9/1/2023	2023
623-32-7869	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
623-32-7869	01 - Employee Deferral	\$765.00	7/20/2023	9/1/2023	2023
468-90-8586	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
468-90-8586	01 - Employee Deferral	\$12.00	7/20/2023	9/1/2023	2023
042-76-8115	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
042-76-8115	02 - Roth Deferral	\$24.00	7/20/2023	9/1/2023	2023



057-70-4365	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
057-70-4365	01 - Employee Deferral	\$180.00	7/20/2023	9/1/2023	2023
610-84-5968	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
008-82-1308	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
772-10-3220	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
441-94-7391	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
092-76-5813	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
092-76-5813	01 - Employee Deferral	\$96.00	7/20/2023	9/1/2023	2023
559-35-8187	03 - Match - Safe Harbor	\$856.00	7/20/2023	9/1/2023	2023
559-35-8187	01 - Employee Deferral	\$856.00	7/20/2023	9/1/2023	2023
792-14-1095	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
792-14-1095	02 - Roth Deferral	\$21.00	7/20/2023	9/1/2023	2023
792-14-1095	01 - Employee Deferral	\$21.00	7/20/2023	9/1/2023	2023
501-19-3926	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
501-19-3926	02 - Roth Deferral	\$14.00	7/20/2023	9/1/2023	2023
501-19-3926	01 - Employee Deferral	\$42.00	7/20/2023	9/1/2023	2023
469-80-1928	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
469-80-1928	02 - Roth Deferral	\$72.00	7/20/2023	9/1/2023	2023
046-76-5370	03 - Match - Safe Harbor	\$312.00	7/20/2023	9/1/2023	2023
046-76-5370	01 - Employee Deferral	\$390.00	7/20/2023	9/1/2023	2023
027-74-9151	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
027-74-9151	01 - Employee Deferral	\$296.00	7/20/2023	9/1/2023	2023
470-31-4278	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
470-31-4278	01 - Employee Deferral	\$32.00	7/20/2023	9/1/2023	2023
482-02-1110	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
456-93-0146	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
456-93-0146	01 - Employee Deferral	\$72.00	7/20/2023	9/1/2023	2023
470-17-3964	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
470-17-3964	01 - Employee Deferral	\$144.00	7/20/2023	9/1/2023	2023
288-94-6526	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
288-94-6526	01 - Employee Deferral	\$573.75	7/20/2023	9/1/2023	2023
821-47-0592	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
821-47-0592	01 - Employee Deferral	\$120.00	7/20/2023	9/1/2023	2023
469-33-3640	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
469-33-3640	01 - Employee Deferral	\$12.00	7/20/2023	9/1/2023	2023
477-31-7442	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
477-31-7442	02 - Roth Deferral	\$12.00	7/20/2023	9/1/2023	2023
014-68-6431	03 - Match - Safe Harbor	\$104.00	7/20/2023	9/1/2023	2023
014-68-6431	01 - Employee Deferral	\$130.00	7/20/2023	9/1/2023	2023
842-41-6179	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
347-62-4909	03 - Match - Safe Harbor	\$448.00	7/20/2023	9/1/2023	2023
347-62-4909	01 - Employee Deferral	\$448.00	7/20/2023	9/1/2023	2023
761-72-9135	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
761-72-9135	01 - Employee Deferral	\$370.00	7/20/2023	9/1/2023	2023
472-98-4395	03 - Match - Safe Harbor	\$20.00	7/20/2023	9/1/2023	2023
514-98-8575	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
514-98-8575	01 - Employee Deferral	\$40.00	7/20/2023	9/1/2023	2023
374-23-4613	03 - Match - Safe Harbor	\$900.00	7/20/2023	9/1/2023	2023
374-23-4613	01 - Employee Deferral	\$1,125.00	7/20/2023	9/1/2023	2023
013-54-7923	03 - Match - Safe Harbor	\$296.00	7/20/2023	9/1/2023	2023
013-54-7923	01 - Employee Deferral	\$629.00	7/20/2023	9/1/2023	2023
074-73-8778	03 - Match - Safe Harbor	\$144.00	7/20/2023	9/1/2023	2023
074-73-8778	01 - Employee Deferral	\$108.00	7/20/2023	9/1/2023	2023
522-23-3158	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
469-84-5881	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
469-84-5881	01 - Employee Deferral	\$20.00	7/20/2023	9/1/2023	2023
472-66-3125	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
045-92-6675	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
045-92-6675	01 - Employee Deferral	\$60.00	7/20/2023	9/1/2023	2023
298-94-8090	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
298-94-8090	01 - Employee Deferral	\$573.75	7/20/2023	9/1/2023	2023
414-73-3636	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
414-73-3636	02 - Roth Deferral	\$42.00	7/20/2023	9/1/2023	2023
041-82-6776	03 - Match - Safe Harbor	\$680.00	7/20/2023	9/1/2023	2023
041-82-6776	01 - Employee Deferral	\$1,105.00	7/20/2023	9/1/2023	2023
502-78-0341	03 - Match - Safe Harbor	\$616.00	7/20/2023	9/1/2023	2023
502-78-0341	01 - Employee Deferral	\$616.00	7/20/2023	9/1/2023	2023
474-27-3743	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
474-27-3743	02 - Roth Deferral	\$30.00	7/20/2023	9/1/2023	2023
472-29-4105	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023
472-29-4105	01 - Employee Deferral	\$24.00	7/20/2023	9/1/2023	2023
242-63-1059	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
242-63-1059	01 - Employee Deferral	\$56.00	7/20/2023	9/1/2023	2023
472-15-7054	03 - Match - Safe Harbor	\$104.00	7/20/2023	9/1/2023	2023
472-15-7054	02 - Roth Deferral	\$130.00	7/20/2023	9/1/2023	2023
432-87-6561	03 - Match - Safe Harbor	\$56.00	7/20/2023	9/1/2023	2023
045-66-7174	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
117-88-1122	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
117-88-1122	02 - Roth Deferral	\$20.00	7/20/2023	9/1/2023	2023
117-88-1122	01 - Employee Deferral	\$40.00	7/20/2023	9/1/2023	2023
472-02-0455	03 - Match - Safe Harbor	\$16.00	7/20/2023	9/1/2023	2023



472-02-0455	01 - Employee Deferral	\$16.00	7/20/2023	9/1/2023	2023
104-60-9596	03 - Match - Safe Harbor	\$96.00	7/20/2023	9/1/2023	2023
104-60-9596	02 - Roth Deferral	\$60.00	7/20/2023	9/1/2023	2023
104-60-9596	01 - Employee Deferral	\$144.00	7/20/2023	9/1/2023	2023
532-21-4347	03 - Match - Safe Harbor	\$765.00	7/20/2023	9/1/2023	2023
029-35-4313	03 - Match - Safe Harbor	\$32.00	7/20/2023	9/1/2023	2023
029-35-4313	02 - Roth Deferral	\$32.00	7/20/2023	9/1/2023	2023
116-90-6690	03 - Match - Safe Harbor	\$160.00	7/20/2023	9/1/2023	2023



