

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>RESTORE HYPER WELLNESS 401(K) SAVINGS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>RESTORE HYPER WELLNESS</u></p> <p><u>3601 S CONGRESS AVE.</u> <u>STE C200</u> <u>AUSTIN, TX 78704</u></p>	<p><b>1c</b> Effective date of plan <u>04/15/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>47-1952880</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>773-750-3051</u></p> <p><b>2d</b> Business code (see instructions) <u>621510</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2024	KATIE BARNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	372
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	342
	<b>6a(2)</b>	366
	<b>6b</b>	1
	<b>6c</b>	61
	<b>6d</b>	428
	<b>6e</b>	0
	<b>6f</b>	428
	<b>6g(1)</b>	146
<b>6g(2)</b>	174	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2E 2F 2G 2J 2K 2T 2U

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>RESTORE HYPER WELLNESS 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RESTORE HYPER WELLNESS</b>	<b>D</b> Employer Identification Number (EIN) <b>47-1952880</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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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)

AMERITAS LIFE INSURANCE CORP

47-0098400

(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?
12 13 15 17 37 38 40 49 50 64 65 99	NONE	15482	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FONDREN OAKS CAPITAL MANAGEMENT

82-3258348

(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?
26 27 51	NONE	7780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB BANK

82-3967259

(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?
19 37 50 62	NONE	602	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>RESTORE HYPER WELLNESS 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RESTORE HYPER WELLNESS</b>	<b>D</b> Employer Identification Number (EIN) <b>47-1952880</b>

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 8690	10545
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 20012	53285
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b> 18911	29826
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 1962927	3289880
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2010540	3383536
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	1953	1953
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1953	1953
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2008587	3381583

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	315094	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	997929	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	186591	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1499614
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	675	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	1312	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1987
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	68108	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		68108
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		368159
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1937868

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	541009	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		541009
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	11246	
(3) Recordkeeping fees.....	<b>2i(3)</b>	4235	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	7780	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	602	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		23863
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		564872

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1372996
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **HAM, LANGSTON & BREZINA L.L.P.**

(2) EIN: **76-0448495**

**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
<b>a</b> 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.)	X		258975
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>RESTORE HYPER WELLNESS 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>RESTORE HYPER WELLNESS</u>	<b>D</b> Employer Identification Number (EIN) <u>47-1952880</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 82-3967259

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	0.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

**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**

**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**

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702939A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p><b>A</b> Name of plan <b>RESTORE HYPER WELLNESS 401(K) SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN) ..... ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>RESTORE HYPER WELLNESS</b></p>	<p><b>D</b> Administrator's EIN <b>47-1952880</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>RESTORE HYPER WELLNESS</b>	<b>2b</b> EIN <b>47-1952880</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>1.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>3380664</b>
<b>2a</b> Name of Participating Employer	<b>2b</b> EIN	<b>2c</b> Percentage of Total Contributions for the Plan Year	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**Schedule MEP (2023)  
v. 230728**

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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**Form 5500 for the plan year ended December 31, 2023**

Plan name: Restore Hyper Wellness 401(k) Savings Plan

Plan #:001

Plan EIN: 47-1962880

Auditing company name: Ham, Langston & Brezina L.L.P.

Auditing company EIN: 76-0448495

IQPA Audit report is pending and will be submitted once completed.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan Restore Hyper Wellness 401(k) Savings Plan</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 001</p>
<p><b>2a</b> 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)</p> <p>Restore Hyper Wellness</p> <p>3601 S Congress Ave. Ste C200 Austin TX 78704</p>	<p><b>1c</b> Effective date of plan 04/15/2020</p> <p><b>2b</b> Employer Identification Number (EIN) 47-1952880</p> <p><b>2c</b> Plan Sponsor's telephone number 773-750-3051</p> <p><b>2d</b> Business code (see instructions) 621510</p>

**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.

<b>SIGN HERE</b>	<i>Katie Barnes</i>	10/14/2024	Katie Barnes
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 332

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
SCHWAB BANK SAVINGS TICKER: RBS1CSBS	20,012	20,012		33,274	33,274		53,285	53,285	

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
SCHWAB BANK SAVINGS TICKER: RBS1CSBS	0	15,492	15,492		15,492	15,492	

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
TOTAL	20,012	20,012	0	33,274	33,274	0	53,286	53,286	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
TOTAL	1,333,589	247,923	1,652,721	71,210	1,581,512	1,652,721	71,209



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 333

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
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REGULATED INVESTMENT COMPANIES

*CHARLES SCHWAB US REIT ETF TICKER: SCHH	17,533	18,851	1,317	23,854	25,647	1,792	41,388	44,497	3,110
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ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*CHARLES SCHWAB US REIT ETF TICKER: SCHH	6,791	230	7,198	177	7,021	7,198	177

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
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*INVESCO MSCI GLOBAL TIMBER ETF TICKER: CUT	8,755	9,323	568	12,247	13,042	795	21,002	22,365	1,363
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ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*INVESCO MSCI GLOBAL TIMBER ETF TICKER: CUT	5,331	78	5,461	52	5,409	5,461	52

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
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ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*ISHARES GLOBAL INFRASTRUCTURE ETF TICKER: IGF	1,765	1,797	32	6,789	6,911	122	8,554	8,707	154

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*ISHARES GLOBAL INFRASTRUCTURE ETF TICKER: IGF	2,218	15	2,309	76	2,233	2,309	76

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*ISHARES GOLD ETF TICKER: IAU	17,736	19,580	1,844	15,483	17,094	1,610	33,219	36,674	3,455

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*ISHARES GOLD ETF TICKER: IAU	19,007	142	20,200	1,050	19,149	20,200	1,051

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
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5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*ISHARES SILVER TRUST ETF TICKER: SLV	5,604	5,585	-19	10,366	10,331	-35	15,969	15,916	-53

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*ISHARES SILVER TRUST ETF TICKER: SLV	77	5	80	-2	82	80	-2

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB INTL INDEX FD TICKER: SWISX	52,737	56,797	4,060	77,542	83,511	5,969	130,280	140,308	10,028

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB INTL INDEX FD TICKER: SWISX	0	19,905	20,867	962	19,905	20,867	962

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 336

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB S&P 500 INDEX FUND - SELECT S TICKER: SWPPX	104,075	119,101	15,026	199,302	228,077	28,775	303,377	347,179	43,802

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB S&P 500 INDEX FUND - SELECT S TICKER: SWPPX	0	64,493	68,803	4,310	64,493	68,803	4,310

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB SHORT-TERM BOND INDEX FUND TICKER: SWSBX	16,157	16,385	227	13,093	13,277	184	29,251	29,662	411

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB SHORT-TERM BOND INDEX FUND TICKER: SWSBX	0	1,083	1,082	-1	1,083	1,082	-1

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 337

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB SMALL CAP INDEX SELECT TICKER: SWSSX	131,072	148,351	17,279	75,422	85,365	9,943	206,494	233,716	27,222

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB SMALL CAP INDEX SELECT TICKER: SWSSX	0	23,047	24,463	1,417	23,047	24,463	1,416

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2020 INDEX FUND TICKER: SWYLX	10,156	10,963	807	5,604	6,049	445	15,760	17,011	1,252

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2020 INDEX FUND TICKER: SWYLX	0	127	130	3	127	130	3

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 338

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2025 INDEX FUND TICKER: SWYDX	24,813	26,838	2,026	1,760	1,904	144	26,573	28,742	2,169

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2025 INDEX FUND TICKER: SWYDX	1,809	22,407	25,323	1,107	24,216	25,323	1,107

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2030 INDEX TICKER: SWYEX	13,770	15,418	1,648	3,476	3,892	416	17,247	19,310	2,064

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2030 INDEX TICKER: SWYEX	875	1,987	2,905	43	2,862	2,905	43

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 339

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2035 INDEX FUND TICKER: SWYFX	31,798	34,812	3,014	46,406	50,804	4,399	78,203	85,616	7,413

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2035 INDEX FUND TICKER: SWYFX	0	15,808	16,860	1,051	15,808	16,860	1,052

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2040 INDEX FUND TICKER: SWYGX	219,157	247,627	28,470	110,841	125,240	14,399	329,998	372,867	42,868

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2040 INDEX FUND TICKER: SWYGX	12,212	24,920	38,372	1,239	37,132	38,372	1,240

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 340

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<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2045 INDEX FUND TICKER: SWYHX	88,215	98,914	10,699	78,082	87,552	9,470	166,296	186,466	20,170

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2045 INDEX FUND TICKER: SWYHX	0	2,320	2,416	96	2,320	2,416	96

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2050 INDEX FUND TICKER: SWYMX	332,942	384,737	51,796	36,226	41,861	5,636	369,168	426,599	57,431

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2050 INDEX FUND TICKER: SWYMX	122,614	130,796	283,333	29,922	253,410	283,333	29,923

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
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 PAGE : 341

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

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ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2055 INDEX FUND TICKER: SWYJX	286,941	329,523	42,582	105,468	121,119	15,651	392,409	450,642	58,233

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2055 INDEX FUND TICKER: SWYJX	993	37,462	39,615	1,160	38,455	39,615	1,160

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB TARGET 2060 INDEX FUND TICKER: SWYNX	114,081	128,741	14,660	97,235	109,730	12,495	211,316	238,471	27,155

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB TARGET 2060 INDEX FUND TICKER: SWYNX	0	27,352	27,851	499	27,352	27,851	499

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
 PAGE : 342

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB US AGGREGATE BOND INDEX FD TICKER: SWAGX	89,656	91,131	1,475	77,883	79,164	1,281	167,539	170,295	2,756

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB US AGGREGATE BOND INDEX FD TICKER: SWAGX	0	56,677	55,628	-1,050	56,677	55,628	-1,049

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*SCHWAB US LARGE CAP VALUE ETF TICKER: SCHV	94,270	100,084	5,814	112,589	119,533	6,944	206,859	219,616	12,757

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*SCHWAB US LARGE CAP VALUE ETF TICKER: SCHV	60,533	766	60,889	-410	61,299	60,889	-410

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

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5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD ENERGY ETF TICKER: VDE	44,419	43,666	-753	21,398	21,035	-363	65,817	64,701	-1,116

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD ENERGY ETF TICKER: VDE	12,418	10	11,583	-844	12,428	11,583	-845

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD FTSE EMERGING MARKETS ETF TICKER: VWO	58,591	60,620	2,029	67,559	69,898	2,339	126,150	130,518	4,368

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD FTSE EMERGING MARKETS ETF TICKER: VWO	7,611	121	7,994	262	7,732	7,994	262

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

RESTORE HYPER WELLNESS 401K PLAN  
 ACCOUNT NUMBER: 105007  
 REPORTING PERIOD: 12/31/22 TO 12/31/23  
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5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 105007

ASSETS HELD AT END OF PERIOD 12/31/22 - 12/31/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
** GRAND TOTAL ALL ASSETS **	1,784,255	1,988,856	204,601	1,231,899	1,354,310	122,411	3,016,154	3,343,166	327,012

ASSETS DISPOSED DURING PERIOD 12/31/22 - 12/31/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
** GRAND TOTAL ALL ASSETS **	252,489	445,243	738,854	41,119	697,732	738,854	41,122

\* - FOR THIS ASSET, AVERAGE PRICES WERE USED