

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2023

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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 IT'S GREEK TO ME, INC. DBA CHAMPION TEAMWEAR HEALTH CARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 11/01/2011
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) IT'S GREEK TO ME, INC. 520 MCCALL ROAD MANHATTAN, KS 66502
2b Employer Identification Number (EIN) 46-6187297
2c Plan Sponsor's telephone number 785-537-8822
2d Business code (see instructions) 315990

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	213
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)	211
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	
	6f	
	6g(1)	211
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan IT'S GREEK TO ME, INC. DBA CHAMPION TEAMWEAR HEALTH CARE PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IT'S GREEK TO ME, INC.		D Employer Identification Number (EIN) 46-6187297	

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL34623	0	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 5929
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEALTH PARTNER GROUP, LLC
18700 N. HAYDEN ROAD
SUITE 405
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5929	OVERRIDE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		149769
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan IT'S GREEK TO ME, INC. DBA CHAMPION TEAMWEAR HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IT'S GREEK TO ME, INC.	D Employer Identification Number (EIN) 46-6187297	

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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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)

MERITAIN HEALTH

16-1264154

(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 50	NONE	77659	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	14231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FORVIS MAZARS, LLP

44-0160260

(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	NONE	19215	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)

DELTA DENTAL

48-0793267

(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 50	NONE	6773	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"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan IT'S GREEK TO ME, INC. DBA CHAMPION TEAMWEAR HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IT'S GREEK TO ME, INC.	D Employer Identification Number (EIN) 46-6187297

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	24780	2583176
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	68442	90669
(2) Participant contributions		
(3) Other	0	194189
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	26216	116117
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	119438	2984151
Liabilities			
g Benefit claims payable	1g	366219	2947790
h Operating payables	1h	2272	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	36361
k Total liabilities (add all amounts in lines 1g through 1j)	1k	368491	2984151
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-249053	0

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)	1306819	
(B) Participants	2a(1)(B)	656479	
(C) Others (including rollovers)	2a(1)(C)	6746	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1970044
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	872	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		872
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1970916

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1423542	
(2) To insurance carriers for the provision of benefits.....	2e(2)	149769	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1573311
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	148552	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		148552
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1721863

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		249053
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		X	
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	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
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 0.

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 _____.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

EIN 46-6187297 PN 501

Independent Auditor's Report and Financial Statements

December 31, 2023 (In Liquidation) and 2022 (Ongoing)

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

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Independent Auditor's Report

Employee Benefit Administrative Committee
It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Manhattan, Kansas

Opinion

We have audited the financial statements of It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan obligations of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 8 to the financial statements, the Employee Benefit Administrative Committee of Hanesbrands Inc., the parent of the Plan's sponsor, voted to approve to terminate the Plan on June 15, 2022, and management determined liquidation was imminent in July 2023. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2022 financial statements to the liquidation basis used in presenting the 2023 financial statements. Our opinion is not modified with respect to this matter.

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.

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 within one year after the date that these 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

Employee Benefit Administrative Committee
It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**Wichita, Kansas
October 14, 2024**

Federal Employer Identification Number: 44-0160260

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Statement of Net Assets in Liquidation as of December 31, 2023
and Statement of Net Assets Available for Benefits as of December 31, 2022
(Ongoing)

	2023	2022
	(in Liquidation)	(Ongoing)
Assets		
Noninterest-bearing cash	\$ 2,583,176	\$ 24,780
Money market mutual fund	116,117	26,216
Company contribution receivable in liquidation	90,669	-
Stop loss receivable	24,489	-
Stop loss receivable in liquidation	88,678	-
Pharmacy rebate receivable	81,022	68,442
	<hr/>	<hr/>
Total assets	2,984,151	119,438
	<hr/>	<hr/>
Liabilities		
Accounts payable	-	2,272
Accrued expenses paid during liquidation	36,361	-
Estimated claims paid during liquidation	2,947,790	-
	<hr/>	<hr/>
Total liabilities	2,984,151	2,272
	<hr/>	<hr/>
Net Assets Available for Benefits	\$ -	\$ 117,166
	<hr/> <hr/>	<hr/> <hr/>

The accompanying notes are an integral part of these financial statements.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Statement of Changes in Net Assets in Liquidation for Year-Ended
December 31, 2023 and Statement of Changes in Net Assets Available
for Benefits For Year Ended December 31, 2022 (Ongoing)

	2023 (in Liquidation)	2022 (Ongoing)
Investment Income		
Interest	\$ 872	\$ 254
Net investment income	<u>872</u>	<u>254</u>
Contributions		
Company	1,216,150	874,200
Participants	656,479	667,379
COBRA	6,746	-
	<u>1,879,375</u>	<u>1,541,579</u>
Total additions	<u>1,880,247</u>	<u>1,541,833</u>
Deductions		
Claims paid on behalf of participants, net of stop loss reimbursements	1,512,380	1,297,464
Insurance premiums	149,769	132,585
Administrative expenses	112,191	114,516
	<u>1,774,340</u>	<u>1,544,565</u>
Net Increase (Decrease)	105,907	(2,732)
Adjustment to liquidation basis		
Company contribution received during liquidation	90,669	-
Accrued expenses paid during liquidation	(36,361)	-
Estimated claims paid during liquidation	(2,947,790)	-
Stop loss reimbursement applied to claims paid during liquidation	2,670,409	-
	<u>117,166</u>	<u>119,898</u>
Net Assets Available for Benefits, Beginning of Year	<u>117,166</u>	<u>119,898</u>
Net Assets Available for Benefits, End of Year	<u>\$ -</u>	<u>\$ 117,166</u>

The accompanying notes are an integral part of these financial statements.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Statement of Plan's Benefit Obligations in Liquidation as of
December 31, 2023 and Statement of Plan's Benefit Obligations as
of December 31, 2022 (Ongoing)

	<u>2023</u> <u>(in Liquidation)</u>	<u>2022</u> <u>(Ongoing)</u>
Other Obligations for Current Benefits Coverage, at Present Value of Estimated Amounts		
Claims payable	\$ 2,700,086	\$ -
Claims incurred but not reported	<u>247,704</u>	<u>366,219</u>
Plan's Total Benefit Obligations	<u>\$ 2,947,790</u>	<u>\$ 366,219</u>

The accompanying notes are an integral part of these financial statements.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Statement of Changes in Plan's Benefit Obligations in Liquidation for
Year Ended December 31, 2023 and Statement of Changes in Plan's
Benefit Obligation for Year Ended December 31, 2022 (Ongoing)

	2023	2022
	(in Liquidation)	(Ongoing)
Amounts Currently Payable to or for Participants and Dependents		
Balance at beginning of year	\$ -	\$ -
Claims reported and approved for payment	4,212,466	1,297,464
Claims paid, net of stop loss reimbursements	<u>(1,512,380)</u>	<u>(1,297,464)</u>
Balance at end of year	<u>2,700,086</u>	<u>-</u>
Other Obligations for Current Benefits Coverage, at Present Value of Estimated Amounts		
Balance at beginning of year	366,219	99,002
Net change during year		
Claims incurred	<u>(118,515)</u>	<u>267,217</u>
Balance at end of year	<u>247,704</u>	<u>366,219</u>
Plan's Total Benefit Obligations, End of Year	<u>\$ 2,947,790</u>	<u>\$ 366,219</u>

The accompanying notes are an integral part of these financial statements.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Note 1: Description of the Plan

General

The following description of It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan (Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

The Plan is a self-funded employee health and welfare benefit plan established by It's Greek to Me, Inc. (Company or Sponsor) to provide health and dental benefits for the employees (generally employees who work 30 hours or more per week) and covered dependents of the Sponsor. Certain Plan assets are held in a voluntary employee's beneficiary association (VEBA) trust. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA). UMB Bank, N.A. is the trustee of the Plan.

On June 15, 2022, the Employee Benefit Administrative Committee of Hanesbrands Inc., the parent of the Plan's sponsor, voted to approve to terminate the Plan, and management determined liquidation was imminent in July 2023. The Plan continued to provide benefits to employees until the transfer of all employees of the Company to Hanesbrands Inc. on January 1, 2024. The VEBA trust will continue until all assets are utilized. See Note 8: Plan Termination and Liquidation.

Benefits

The Plan provides health benefits (medical, dental and prescription drugs). The Plan also provides continuation of certain benefits upon termination of employment through the *Consolidated Omnibus Budget Reconciliation Act (COBRA)*.

Insured Benefits

The Plan offers one health provider and one dental provider. Premiums for insured benefits are paid from the assets of the VEBA trust.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Self-Insured Benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by

either the Plan's VEBA trust or the general assets of the Company. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager which periodically provides rebates to the Plan based on the Plan's level of utilization within the drug program.

Contributions

The Plan agreement provides that the Company and its employees each pay a portion of the cost of employee and dependent health care coverage. The Company makes contributions to the Plan based on the amount necessary to provide the benefits outlined in the Plan. The employer's contribution is funded on a pay-as-you-go basis. Participating employees contribute specified amounts as determined periodically by the Company's management.

In addition, under COBRA, participants have the right to choose continuation coverage in instances where coverage under the Plan would otherwise end. COBRA participants are required to pay all of their shares of premiums for the continuation of coverage.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The Company has changed its basis of accounting from the ongoing basis, used in presenting the 2022 financial statements, to the liquidation basis used in presenting the 2023 financial statements, in accordance with FASB ASC 205-30.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, eligibility credits, claims payable and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

Notes to Financial Statements December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Payment of Benefits

Premiums paid by either the Company or the VEBA trust are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claim processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits. The third-party claims processor processes health claims of active participants, dependents and beneficiaries, but the responsibility for payments to participants and providers is retained by the Plan. These payments are recorded as claims paid in the accompanying statements of changes in net assets available for benefits.

During 2023, the liquidation basis requires all claims paid during the liquidation be accrued, and these are presented as estimated claims paid during liquidation in the accompanying 2023 statement of changes in net assets in liquidation.

Stop-Loss

Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. Stop-loss reimbursements totaling \$355,134 and \$11,978 for the years ended December 31, 2023 and 2022, respectively, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits. Subsequent to December 31, 2023, the Plan received stop-loss reimbursements related to claims paid prior to December 31, 2023 of \$24,489 which is shown as a receivable on the 2023 statement of net assets. In the year ended December 31, 2023, the Plan received stop-loss reimbursements related to claims incurred in 2022 of \$330,645 which were netted against the claims incurred but not reported in the 2022 accompanying statement of plan's benefit obligations and statement of changes in plan's benefit obligations and are included in the 2023 stop-loss reimbursement amount disclosed above. The Plan also received stop loss reimbursements during liquidation – see Note 8: Plan Termination and Liquidation.

Rebates

Rebates are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being against claims paid. Pharmacy rebates totaling \$153,146 and \$145,976 for the years ended December 31, 2023 and 2022, respectively, have been netted against claims paid on behalf of participants in the accompanying statements of changes in net assets available for benefits.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year.

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Other Plan Benefits

Plan obligations for health claims incurred but not reported are estimated based upon historic claims experience and actual claims reported subsequent to the Plan year-end. Additional accruals are included for the estimated ultimate cost of future claims only if such claims are covered as of the Plan's fiscal year-end and the Plan is obligated to pay for the care regardless of continued participation in the Plan.

Administrative Expenses

Administrative expenses are paid by the Company or the Plan, at the Company's discretion.

Subsequent Events

Subsequent events have been evaluated through October 14, 2024, which is the date the financial statements were available to be issued.

Note 3: Benefit Obligations

The Plan's deficiency of net assets over benefit obligations at December 31, 2023 and 2022, related primarily to current claims, the funding of which had not yet been contributed to the Plan. For 2023, the deficiency was funded primarily through Company contributions and stop loss reimbursements received during liquidation. For 2022, the deficiency was funded through future Company contributions.

The Company estimates benefit obligations for the undiscounted benefit claims which have been incurred but not reported to the Plan based upon lag history of the Plan and claims payable based on claims processed but unpaid as of December 31, 2023. For 2023, liquidation accounting requires that all claims be accrued; therefore, the benefit obligation for 2023 is included in the estimated claims paid during liquidation in the accompanying 2023 financial statements. At December 31, 2023 and 2022, benefit obligations were approximately \$277,381 and \$366,219, respectively. The benefit obligations at December 31, 2023 and 2022 is net of stop-loss refunds as described in Note 2: Summary of Significant Accounting Policies.

Note 4: Related-Party and Party-in-Interest Transactions

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

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Plan investments are held by the Plan trustee. The Plan has a number of service providers. Such providers are parties in interest under ERISA. Funds in the amount of \$261,960 and \$247,101 for the years ended December 31, 2023 and 2022, respectively, were paid by the Plan to these service providers for premiums and administrative expenses.

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

Note 5: Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

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

	Total Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2023				
Money market mutual fund	\$ 116,117	\$ 116,117	\$ -	\$ -
December 31, 2022				
Money market mutual fund	\$ 26,216	\$ 26,216	\$ -	\$ -

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2023 and 2022. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 6: 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 and 2022 to Form 5500.

	2023 (in Liquidation)	2022 (Ongoing)
Net assets available for benefits per the financial statements	\$ -	\$ 117,166
Benefit obligations (claims incurred but not reported)	-	(366,219)
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ (249,053)</u>

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
Notes to Financial Statements
December 31, 2023 (In Liquidation) and 2022 (Ongoing)

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2023 and 2022 to Form 5500:

	2023	2022
	(in Liquidation)	(Ongoing)
Benefits paid to participants per the financial statements	\$ 1,512,380	\$ 1,297,464
Estimated claims paid during liquidation	2,947,790	-
Stop loss reimbursement applied to claims paid during liquidation	(2,670,409)	-
Add: Benefit obligations (claims incurred but not reported at end of period)	-	366,219
Less: Benefit obligations (claims incurred but not reported at beginning of period)	(366,219)	(99,002)
	<u>\$ 1,423,542</u>	<u>\$ 1,564,681</u>
Benefits paid to participants per Form 5500	<u>\$ 1,423,542</u>	<u>\$ 1,564,681</u>

Note 7: Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service dated February 12, 2014, stating that the trust, as then designed, was tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in the financial statements. The Plan Administrator believes that the Plan and related trust operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan was terminated in 2023 and the trust will continue to exist until all assets are used to fund the remaining claims and expenses during liquidation. See Note 8: Plan Termination and Liquidation.

Note 8: Plan Termination and Liquidation

As discussed in Note 1: Description of the Plan, on June 15, 2022, the Employee Benefit Administrative Committee of Hanesbrands Inc., the parent of the Plan's sponsor, voted to approve to terminate the Plan, and management determined liquidation was imminent in July 2023. The Plan continued to provide benefits to employees until the transfer of all employees of the Company to Hanesbrands Inc. on January 1, 2024. As a result of the employment transfer, all employees of the Company became eligible to participate in the Hanesbrands Inc. Health and Welfare Plan. Remaining assets of the VEBA trust will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

As a result of the termination, the Plan's 2023 financial statements are presented on the liquidation basis of accounting which requires that the remaining plan activity ("run-out") during liquidation of the Plan be presented separately in the 2023 financial statements. All run-out claims and expenses are expected to be paid in 2024. The liquidation adjustments include:

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

Notes to Financial Statements

December 31, 2023 (In Liquidation) and 2022 (Ongoing)

- Company contributions of \$90,669, which represents the net amount that Hanesbrands Inc. will contribute to fund the run-out of claim payments and plan expenses,
- Accrued expenses of \$36,361, primarily for processing run-out claims,
- Estimated claims paid of \$2,947,790 during the run-out period,
- Stop-loss reimbursements of \$2,670,409 that offset estimated claims paid during liquidation, which includes (1) \$88,678 received subsequent to December 31, 2023 and related to claims paid subsequent to December 31, 2023 and (2) \$2,581,731 that was reimbursed by the stop loss policy prior to the end of the 2023 plan year for a claim paid subsequent to December 31, 2023. The amount is included in the Noninterest bearing cash balance as of December 31, 2023.

Supplemental Schedules

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

EIN 46-6187297 PN 501

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

December 31, 2023 (In Liquidation)

Identity of Issuer	Description of Investment	Cost	Current Value
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	<u>\$ 116,117</u>	<u>\$ 116,117</u>

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
EIN 46-6187297 PN 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023 (In Liquidation)

Identity	Description	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions</i>							
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	70 Purchases	\$1,108,556	\$ -	\$ 1,108,556	\$ 1,108,556	\$ -
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	98 Sales	\$ -	\$ 1,018,655	\$ 1,018,655	\$ 1,018,655	\$ -

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>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>1a Name of plan IT'S GREEK TO ME, INC. DBA CHAMPION TEAMWEAR HEALTH CARE PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 501</p>
<p>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)</p> <p>IT'S GREEK TO ME, INC.</p> <p>520 MCCALL ROAD</p> <p>MANHATTAN KS 66502</p>	<p>1c Effective date of plan 11/01/2011</p> <p>2b Employer Identification Number (EIN) 46-6187297</p> <p>2c Plan Sponsor's telephone number 785-537-8822</p> <p>2d Business code (see instructions) 315990</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.

SIGN HERE	<p>DocuSigned by: <i>Rachel Fleming</i> 3692478C9B5F4C9...</p>	10/15/2024	Rachel Fleming
	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

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan
EIN 46-6 PN 501
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023 In Liquidation)

Identity	Description	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions</i>							
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	70 Purchases	\$ 1,108,556	\$ -	\$ 1,108,556	\$ 1,108,5	\$ -
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	98 Sales	\$ -	\$ 1,018,655	\$ 1,018,65	\$ 1,018,655	\$ -

It's Greek to Me, Inc. dba Champion Teamwear Health Care Plan

EIN 46-6187297 PN 501

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023 (In Liquidation)**

Identity of Issuer	Description of Investment	Cost	Current Value
Federated Government Obligations	Federated Hermes Treasury Obligations Fund	<u>\$ 116,117</u>	<u>\$ 116,117</u>