

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN	1b	Three-digit plan number (PN) ▶	001			
		1c	Effective date of plan 01/01/1986				
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) ENVOY SOLUTIONS, LLC 2101 CLAIRE COURT GLENVIEW, IL 60025	2b	Employer Identification Number (EIN) 85-0978372	2c	Plan Sponsor's telephone number 847-832-4000	2d	Business code (see instructions) 424100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/26/2025	AMANDA HEIDBRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name ENVOY SOLUTIONS, LLC c Plan Name NORTH AMERICAN RETIREMENT SAVINGS PLAN	4b EIN 36-4369474 4d PN 001
5 Total number of participants at the beginning of the plan year	5 536
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) 424 6a(2) 3343 6b 16 6c 421 6d 3780 6e 7 6f 3787 6g(1) 491 6g(2) 2937 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENVOY SOLUTIONS, LLC	D Employer Identification Number (EIN) 85-0978372	

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

(a) Name of insurance carrier
LINCOLN NATIONAL 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
36-6071399	70688	UNKNOWN	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	(b) Total amount of fees paid
0	0

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
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	0

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	
c Additions: (1) Contributions deposited during the year	7c(1)	29354
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	261472
(4) Transferred from separate account.....	7c(4)	0
(5) Other (specify below)	7c(5)	19330362
▶ TRANSFER IN, CV ADJUSTMENT		
(6) Total additions	7c(6)	19621188
d Total of balance and additions (add lines 7b and 7c(6))	7d	19621188
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5602791
(2) Administration charge made by carrier	7e(2)	14964
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	791561
▶ TRANSFERS OUT, FORFEITURES		
(5) Total deductions	7e(5)	6409316
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13211872

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENVOY SOLUTIONS, LLC	D Employer Identification Number (EIN) 85-0978372

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

Yes

No
- b

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	142366	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRIME CAPITAL INVESTMENT ADVISORS

82-1364595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	116816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVINE, LOFGREN, MORRIS & ENGELBERG

33-0690020

(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?
16	CONSULTANT	17950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MSIF INTL ADV PTF I - SS&C GLOBAL 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP HEALTH SCIENCES - T. ROWE PRIC 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	WEAVER AND TIDWELL, L,L,P.E	b EIN:	75-0786316
c Position:			
d Address:		e Telephone:	

Explanation: SINCE ALL OF THE MERGERS WE HAD LAST YEAR WE DECIDED TO GO BACK TO AUDITORS OURS LEGACY COMPANY USED FOR YEARS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ENVOY SOLUTIONS, LLC		D Employer Identification Number (EIN) 85-0978372
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIT GROWTH D		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST		
c EIN-PN 47-6649174-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27004599
a Name of MTIA, CCT, PSA, or 103-12 IE: FIT CONSERVATIVE D		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST		
c EIN-PN 47-6658632-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1471430
a Name of MTIA, CCT, PSA, or 103-12 IE: FIT BALANCED D		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST		
c EIN-PN 47-6652256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44779101
a Name of MTIA, CCT, PSA, or 103-12 IE: FIT AGGRESSIVE D		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST		
c EIN-PN 47-6646422-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8007611
a Name of MTIA, CCT, PSA, or 103-12 IE: FIT MOD CONSRV D		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST		
c EIN-PN 47-6655437-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8342726
a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88344
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2023 v. 230707		

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENVOY SOLUTIONS, LLC		
		D Employer Identification Number (EIN) 85-0978372

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	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	786
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	950876	3854975
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	352383	3945805
(9) Value of interest in common/collective trusts	1c(9)	14893131	89693811
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15216981	140805250
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	13211872
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	31413371	251512499
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	259533
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	259533
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31413371	251252966

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)	4651532	
(B) Participants	2a(1)(B)	13132150	
(C) Others (including rollovers)	2a(1)(C)	4221614	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22005296
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	114717	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	147084	
(F) Other	2b(1)(F)	261472	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		523273
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5405503	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5405503
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8694489
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7553025
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		44181586

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34799703	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34799703
f Corrective distributions (see instructions)	2f		84488
g Certain deemed distributions of participant loans (see instructions)	2g		64059
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	300	
(3) Recordkeeping fees.....	2i(3)	142066	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	116816	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	17950	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		277132
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35225382

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8956204
l Transfers of assets:			
(1) To this plan	2l(1)		210883391
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LAVINE, LOFGREN, MORRIS & ENGELBERG**

(2) EIN: **33-0690020**

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.)	☒	☐	1055979
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☒	☐	4064
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENVOY SOLUTIONS, LLC		D Employer Identification Number (EIN) 85-0978372
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

**ENVOY SOLUTIONS RETIREMENT
SAVINGS PLAN**

**INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS, AND
SUPPLEMENTAL SCHEDULES**

**For the Year Ended
December 31, 2023**

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Envoy Solutions Retirement Savings Plan
Glenview, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed an audit of the accompanying financial statements of Envoy Solutions Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (an "ERISA 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section:

- The amounts and disclosures in the 2023 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2023 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of Envoy Solutions Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2023 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2023 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 Envoy Solutions Retirement Savings 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 Envoy Solutions Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2023 Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2022 Financial Statements

The financial statements of Envoy Solutions Retirement Savings Plan as of December 31, 2022, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated June 3, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2022 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Lavine, Lofgren, Morin & Engelberg, LLP

La Jolla, California
February 25, 2025

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits As of December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value:		
Money market account	\$ 3,854,975	\$ 950,876
Mutual funds	140,805,250	15,216,981
Common/collective trusts	<u>89,693,811</u>	<u>14,893,131</u>
Total investments at fair value	<u>234,354,036</u>	<u>31,060,988</u>
Investments at contract value:		
Guaranteed investment contract	<u>13,211,872</u>	<u>-</u>
Total investments	<u>247,565,908</u>	<u>31,060,988</u>
Receivables:		
Notes receivable from participants	3,945,805	352,383
Other receivable	<u>786</u>	<u>-</u>
Total receivables	<u>3,946,591</u>	<u>352,383</u>
Total assets	251,512,499	31,413,371
LIABILITIES - Excess contributions payable	<u>(259,533)</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 251,252,966</u>	<u>\$ 31,413,371</u>

See independent auditors' report and
accompanying notes to financial statements.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2023

Additions to net assets attributed to:

Investment income:

Net realized and unrealized appreciation in the fair value of common/collective trusts	\$ 8,694,489
Net realized and unrealized appreciation in the fair value of mutual funds	7,553,025
Dividend income from mutual funds	5,405,503
Interest income from guaranteed investment contract	261,472
Interest income from money market account	114,717

Net investment income	<u>22,029,206</u>
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Contributions:

Participant - current	13,132,150
Participant - rollovers	4,221,614
Employer	<u>4,651,532</u>

Total contributions	<u>22,005,296</u>
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Interest income on notes receivable from participants	<u>147,084</u>
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Total additions	<u>44,181,586</u>
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Deductions from net assets attributed to:

Benefits paid to participants	34,799,703
Corrective distributions	84,488
Deemed distributions	64,059
Administrative expenses	<u>277,132</u>

Total deductions	<u>35,225,382</u>
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Net increase prior to plan transfer	8,956,204
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Transfer from plans merged in during 2023 (Note 1)	<u>210,883,391</u>
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Net increase	219,839,595
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Net assets available for benefits:

Beginning of year	<u>31,413,371</u>
End of year	<u>\$ 251,252,966</u>

See independent auditors' report and
accompanying notes to financial statements.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 1. DESCRIPTION OF PLAN

The Envoy Solutions Retirement Savings Plan (the "Plan") (fka North American Retirement Savings Plan) is sponsored by Envoy Solutions, LLC (the "Company"). The following description of the Plan, as amended and restated, provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan, which became effective on January 1, 1986, is a defined contribution plan covering all eligible employees of the Company. The Plan's trustee and custodian is Fidelity Management Trust Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

During 2023, in connection with business acquisitions, the Plan merged with 18 other plans whereby transfers in the amount of \$210,883,391 were made into the Plan. A listing of the merged plans is as follows:

<u>Merged Plan Name</u>	<u>Effective Date</u>
Waxie Sanitary Supply 401(k) Plan	1/1/2023
Hughes Enterprises 401(k) Profit Sharing Plan	7/3/2023
Penn Jersey Paper Company 401(k) Profit Sharing Plan	7/3/2023
Weiss Brothers of Hagerstown, Inc. 401(k) Profit Sharing Plan	7/3/2023
Penn Jersey Paper Company Defined Contribution Plan for Union Local 107 Unit A Employees	7/3/2023
Next-Gen Supply Group Inc. 401(k) Plan	8/1/2023
Daycon Products Company, Inc. 401(k) Plan	8/1/2023
SunBelt Packaging, LLC 401(k) Profit Sharing Plan	9/1/2023
Southeastern Paper Group 401(k) Retirement Plan	9/1/2023
Johnston Paper Company, Inc. Employees Profit Sharing Plan	9/1/2023
Swish White River Ltd. 401(k) Plan	9/1/2023
Sigma Supply of North America, Inc. Retirement Savings Plan	10/2/2023
North Woods TM 401(k) Plan	10/2/2023
BBC Distributing, LLC 401(k) Profit Sharing Plan & Trust	10/2/2023
American Paper and Supply Company 401(k) Plan	10/2/2023
KSS Enterprises 401(k) Plan	10/2/2023
H.T. Berry Company, Inc. Profit Sharing and 401(k) Plan	10/2/2023
ATRA Janitorial Supply Co., Inc. 401(k) Profit Sharing Plan and Trust	10/2/2023

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 1. DESCRIPTION OF PLAN (Continued)

General (Continued)

In connection with the plan mergers, employees of the following employers ("Participating Employers") are covered by the Plan as of the following effective dates:

Participating Employer	Effective Date	Participating Employer	Effective Date
Rellim Capital Management LLC	1/1/2023	Sigma Supply, Inc.	9/1/2023
Hughes Enterprises of New Jersey Inc.	7/3/2023	Southeastern Paper Group, Inc.	9/1/2023
Penn Jersey Paper Company	7/3/2023	Sunbelt Packaging, LLC	9/1/2023
PJP Market Place #1, LLC	7/3/2023	Swish White River, Ltd.	9/1/2023
PJP Market Place #2	7/3/2023	ATRA Janitorial Supply Co., Inc.	10/2/2023
PJP Market Place #4	7/3/2023	ATRA Maintenance Repair Company, Inc.	10/2/2023
PJP Market Place #5	7/3/2023	American Paper and Supply Company	10/2/2023
PJP Trucking Company	7/3/2023	American Paper Towel Corporation	10/2/2023
Weiss Brothers of Hagerstown, Inc.	7/3/2023	BBC Distributing, LLC	10/2/2023
Daycon Products Company, Inc.	8/1/2023	EMACK Manufacturing	10/2/2023
New Dawn Manufacturing	8/1/2023	Energyst Solutions	10/2/2023
Next-Gen Supply Group Inc.	8/1/2023	H.T. Berry Company, Inc.	10/2/2023
P4 Corporation	8/1/2023	Kalamazoo Sanitary Supply, Inc.	10/2/2023
Johnston Paper Company Inc.	9/1/2023	Rapid Supply and Sales	10/2/2023
REHC5, Inc.	9/1/2023	Sideline Sports	10/2/2023
Sigma Business Essentials, LLC	9/1/2023	Star Flooring	10/2/2023
Sigma Supply of North America, Inc.	9/1/2023	Superior Chemical Corporation	10/2/2023

Eligibility

Employees of the Company and Participating Employers who have reached age 21 and attained one month of service are eligible to participate in the Plan. Nonresident aliens who do not receive any earned income from the Company or Participating Employers which constitutes U.S source income are ineligible to participate in the Plan.

Participant Contributions

Each payroll period, eligible employees may elect to defer up to 100% of their pre-tax annual compensation, as defined separately for the Company and Participating Employers by the Plan, or they may designate salary deferrals as "Roth" contributions. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified sources. Participants direct their contributions into various investment options offered by the Plan. All participant contributions are subject to limitations imposed by the Internal Revenue Code ("IRC").

Newly eligible employees, except those who affirmatively elect to not participate or who choose to contribute a specified amount to the Plan, automatically have 4% of their compensation deferred into the Plan. Additionally, the initial automatic deferral amount increases by 1% year on March 1st, with a cap at 10%, subject to the employee having participated for the 6 months preceding in the first year an automatic increase would be applicable.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

For the Year Ended December 31, 2023

NOTE 1. DESCRIPTION OF PLAN (Continued)

Employer Contributions

Each Plan year, the Company and Participating Employers may make discretionary matching contributions and qualified matching contributions, which may be subject to additional eligibility requirements from those described above. Additionally, one of the Participating Employers must make nonelective employer matching contributions to specified union members as noted in the Plan's adoption agreement. During 2023, the Company and Participating Employers made discretionary matching contributions equal to 50% of each participant's deferral amount up to 6% of compensation. In 2023, the Company and Participating Employers made a total of \$4,651,532 in employer contributions.

Vesting

Participants are immediately vested in their contributions and employer qualified matching contributions, as well as actual earnings thereon. Effective January 1, 2023, vesting in discretionary employer matching contributions, if any, and any employer qualified nonelective contributions is based on years of credited service, as defined in the Plan, according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 3	0%
3 or more	100%

Effective July 3, 2023, vesting for the aforementioned employer contributions was updated as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1 or more	100%

Employees from Participating Employers who entered the Plan during 2023 were subject to different vesting schedules on prior contributions, as outlined in their respective prior adoption agreements.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions, and any employer contributions, to any of the Plan's investment options. Subsequently, participants may change their allocations and transfer account balances between investment options in accordance with Plan provisions.

Participant Accounts

Each participant's account is credited with contributions, allocations of investment earnings or losses, and is charged with administrative expenses where applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow against their accounts a minimum of \$1,000 up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested interests in their account balances. Such loans are required to be repaid within 5 years unless the loan is to be used to acquire the principal residence of the participant, in which case it may be repaid in up to 10 years. Loans are secured by the participants' vested interests in their account balances. The loans bear interest at a reasonable rate as determined by the Plan administrator. As of December 31, 2023, the interest rate on outstanding loans ranged from 3.25% to 9.50%. Principal and interest are paid regularly through payroll deductions.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Upon disability, death, termination, retirement, attaining age 59½, attaining age 55 with five years of service, and/or hardship, participants may elect to receive a distribution of their account (as defined) in lump sum or installment payments. Also, at its discretion, the Plan may elect to distribute vested account balances of less than \$5,000. Distributions in excess of \$1,000 made without a participant's consent will be rolled into an individual retirement account. Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE" Act), which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

The distribution provisions of the SECURE Act were modified by the SECURE 2.0 Act of 2022 (Note 11), such that beginning in 2023, the age a participant must begin taking distributions was raised to 73. If a participant reaches the age of 72 during 2023, the participant may defer receiving distributions until April 1, 2025, the latest date that a required minimum distribution may be taken for 2024.

Plan Termination

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

Forfeitures

If a participant terminates employment with the Company or Participating Employers before becoming fully vested, the unvested portion of employer contributions and related earnings are forfeited. Forfeitures of unvested employer contributions and related earnings are transferred from the terminated participant's account to a forfeiture account. Forfeitures of unvested employer contributions may be used to pay administrative expenses and reduce employer contributions to the Plan. During 2023, \$326,698 was added to the forfeiture account, including \$14,389 of investment income, and \$20,770 was deducted from the forfeiture account which was utilized towards fees. As of December 31, 2023 and 2022, forfeited amounts totaled \$306,495 and \$567, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is defined as 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation or depreciation in fair value of mutual funds includes the Plan's gains and losses on mutual funds bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain of the Plan's administrative expenses, such as custodian/trustee, accounting, and legal expenses, are paid by the Company and Participating Employers. Certain distribution and loan fees are paid by the related participants. All of the aforementioned expenses are expensed when incurred.

Notes Receivable from Participants (Participant Loans)

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

Subsequent Events

The Plan has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued (Note 12).

NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN/TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation or depreciation in fair value of investments and interest and dividend income for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, the custodian/trustee of the Plan.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

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

Level 2

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

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

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

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2023 and 2022. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual funds (including money market account): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The money market and mutual funds held by the Plan are deemed to be actively traded.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

For the Year Ended December 31, 2023

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

Common/collective trusts: Valued at net asset value ("NAV") using the fair value of underlying funds of the respective common/collective trust ("CCT"). The fair value of funds held is used in determining the NAV of the CCT, which is publicly quoted. The NAV is the basis for current transactions and the CCT can be redeemed at NAV as of the measurement date. Therefore, it is believed that these investments have a readily determinable fair value. The NAV is calculated in a manner consistent with U.S. GAAP for investment companies.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual funds (including money market)	\$ 144,660,225	\$ -	\$ -	\$ 144,660,225
Total investments in the fair value hierarchy	<u>\$ 144,660,225</u>	<u>\$ -</u>	<u>\$ -</u>	144,660,225
Common/collective trusts measured at net asset value ^(a)				<u>89,693,811</u>
Total investments at fair value				<u>\$ 234,354,036</u>

	December 31, 2022			Total
	Level 1	Level 2	Level 3	
Mutual funds (including money market)	\$ 16,167,857	\$ -	\$ -	\$ 16,167,857
Total investments in the fair value hierarchy	<u>\$ 16,167,857</u>	<u>\$ -</u>	<u>\$ -</u>	16,167,857
Common/collective trusts measured at net asset value ^(a)				<u>14,893,131</u>
Total investments at fair value				<u>\$ 31,060,988</u>

- (a) Certain investments (common/collective trusts) that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to total investments presented in the statements of net assets available for benefits.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 5. FULLY BENEFIT-RESPONSIVE INVESTMENT ACCOUNT

The Lincoln National Life Insurance Company

The Plan has a group annuity insurance contract with Lincoln National Life Insurance Company ("Lincoln"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount which would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest credited and less participant withdrawals.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is a guaranteed investment contract. The contract defines the circumstances and amounts for which the contract may be terminated by the Plan.

The Plan's ability to receive amounts due in accordance with the Lincoln contract is dependent on Lincoln's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the complete or partial termination of the Plan or the establishment or activation of, or material change in, an investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Plan management does not believe these events are probable of occurring. The guaranteed minimum interest rate for all years is 1%.

NOTE 6. INCOME TAX STATUS

The Company has adopted a pre-approved defined contribution plan and relies upon the opinion letter from the Internal Revenue Service ("IRS"), which stated that, in its opinion, the pre-approved plan and related trust are designed in accordance with applicable sections of the Code. The Company has not applied for a determination letter from the IRS specific to the Plan. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements For the Year Ended December 31, 2023

NOTE 7. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain of the Plan's operating expenses are paid by the Company. The Company and Participating Employers also provide administrative services for the Plan at no cost to the Plan. Certain investments are managed by the custodian/trustee of the Plan. These transactions qualify as exempt party-in-interest transactions.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9. OPERATIONAL FAILURES

During 2023, the Company and Participating Employers identified operational failures relating to missed auto-escalations of participant contributions, missed employee deferral changes, the exclusion of certain types of Plan eligible compensation, the inclusion of certain types of ineligible compensation, and miscalculation of the discretionary employer matching contributions (as well missed discretionary employer match true-up), which resulted in incorrect employee deferral contributions and incorrect matching contributions during 2023. The Company and Participating Employers and the Plan administrator are in the process of determining the participants affected and intend on taking corrective action as needed under the IRS Employee Plans Compliance Resolution System's Self-Correction Program.

Based on the actions intended to be taken, Plan management and the Company believe the aforementioned operational failures will not cause the Plan to be disqualified by the IRS and that the self-corrective actions will allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

NOTE 10. DELINQUENT REMITTANCES

The Company identified 55 instances in 2023 where amounts withheld from employees totaling \$1,055,979 were not forwarded to the custodian within the reasonableness timeframe established by the DOL. The Company is in the process of calculating lost earnings to determine the necessary corrective action related to the delinquent remittances, and intends to remit such lost earnings and interest thereon as soon as administratively possible.

Based on such actions, Plan management and the Company believe the delinquent remittances will not cause the Plan to be disqualified by the IRS and that the self-corrective actions will allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

For the Year Ended December 31, 2023

NOTE 11. SECURE ACT 2.0

On December 29, 2022, the SECURE 2.0 Act of 2022 (the “SECURE Act 2.0”) became law. The purpose of the legislation is to expand access to retirement plans and to help working Americans increase their retirement savings. In addition to the changes to minimum required distributions described in Note 1, the SECURE Act 2.0 includes various required and optional provisions that will become effective between 2023 and 2033, certain of which are described below:

- Beginning January 1, 2025, a participant from the ages of 60 to 63 can elect catch-up contributions up to the limit of the greater of \$10,000 or 150% of the catch-up contribution limit imposed by the IRS.
- Starting January 1, 2025, long-term part-time workers (defined as employees who have worked for two consecutive 12 month periods during each of which they have at least 500 hours of service) will become eligible to enroll in their employer’s retirement plan after two years.
- Beginning January 1, 2026, catch-up contributions will be made on a Roth basis, unless the participant earns \$145,000 or less.

Additionally, Plan management has not yet determined which of the optional provisions, if any, the Plan will implement. Plan management expects to formally amend the Plan by December 31, 2025.

NOTE 12. SUBSEQUENT EVENTS

During 2024, in connection with business acquisitions, six additional plans merged into the Plan totaling \$5,470,948. A listing of the merged plans is as follows:

<u>Merged Plan Name</u>	<u>Effective Date</u>
Mooney-General Paper Co. Employee Savings & Retirement Plan	5/1/2024
Prevailing Multiple Employer Plan (partial transfer only of portion related to Pennsylvania Paper & Supply Co., Inc.)	6/3/2024
Detroit Chemical and Paper Supply Company 401(k) Profit Sharing Plan	6/3/2024
United Packaging Supply Co., Inc. 401(k) Profit Sharing Plan	6/7/2024
Accurate Chemical & Services 401(k) Plan	6/13/2024
GPPI Company 401(k) Plan	6/26/2024

SUPPLEMENTAL SCHEDULES

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2023

EIN: 85-0978372
Plan Number: 001

					Total That Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan								
Check Here if Late Participant Loan Repayments Are Included ☒		Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
\$	16,651	11/10/2022	05/08/2023	*	\$ 16,651	-	-	-
	7,013	11/25/2022	05/08/2023	*	7,013	-	-	-
	214,980	01/10/2023	01/26/2023	*	214,980	-	-	-
	22,696	01/10/2023	01/26/2023	*	22,696	-	-	-
	79,319	01/13/2023	02/01/2023	*	79,319	-	-	-
	2,769	01/13/2023	02/01/2023	*	2,769	-	-	-
	86,927	02/24/2023	03/08/2023	*	86,927	-	-	-
	2,769	02/24/2023	03/08/2023	*	2,769	-	-	-
	20,113	03/24/2023	04/06/2023	*	20,113	-	-	-
	32,860	04/14/2023	08/04/2023	*	32,860	-	-	-
	456	05/26/2023	06/21/2023	*	456	-	-	-
	332	05/26/2023	06/21/2023	*	332	-	-	-
	22,690	06/30/2023	07/17/2023	*	22,690	-	-	-
	2,634	06/30/2023	07/18/2023	*	2,634	-	-	-
	702	06/30/2023	07/18/2023	*	702	-	-	-
	4,515	06/30/2023	07/31/2023	*	4,515	-	-	-
	4,476	07/07/2023	07/31/2023	*	4,476	-	-	-
	4,531	07/14/2023	07/31/2023	*	4,531	-	-	-
	25,367	07/21/2023	08/04/2023	*	25,367	-	-	-
	4,622	07/21/2023	08/04/2023	*	4,622	-	-	-
	6,344	08/31/2023	09/19/2023	*	6,344	-	-	-
	4,260	09/11/2023	09/21/2023	*	4,260	-	-	-

See accompanying independent auditors' report.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions (Continued)
For the Year Ended December 31, 2023

EIN: 85-0978372
Plan Number: 001

				Total That Constitute Nonexempt Prohibited Transactions		
Participant Contributions Transferred Late to the Plan				Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☒	Date Withheld	Date Remitted	Contributions Not Corrected			
22,501	09/22/2023	10/11/2023	*	22,501	-	-
4,880	09/22/2023	10/11/2023	*	4,880	-	-
8,113	09/25/2023	10/25/2023	*	8,113	-	-
6,332	09/28/2023	10/13/2023	*	6,332	-	-
22,468	09/29/2023	10/11/2023	*	22,468	-	-
4,984	09/29/2023	10/11/2023	*	4,984	-	-
26,394	10/06/2023	10/31/2023	*	26,394	-	-
3,510	10/06/2023	10/31/2023	*	3,510	-	-
20,068	10/10/2023	10/25/2023	*	20,068	-	-
4,207	10/12/2023	11/01/2023	*	4,207	-	-
771	10/12/2023	11/01/2023	*	771	-	-
715	10/13/2023	10/27/2023	*	715	-	-
6,364	10/26/2023	11/10/2023	*	6,364	-	-
26,376	10/27/2023	11/14/2023	*	26,376	-	-
4,899	10/27/2023	11/14/2023	*	4,899	-	-
9,682	10/27/2023	02/23/2024	*	9,682	-	-
131,924	11/02/2023	11/16/2023	*	131,924	-	-
41,075	11/03/2023	11/16/2023	*	41,075	-	-
2,898	11/03/2023	11/16/2023	*	2,898	-	-
1,640	11/03/2023	01/29/2024	*	1,640	-	-
50,023	11/07/2023	11/24/2023	*	50,023	-	-
10,528	11/09/2023	11/24/2023	*	10,528	-	-
109	11/09/2023	11/24/2023	*	109	-	-
27,103	11/09/2023	11/28/2023	*	27,103	-	-
2,304	11/09/2023	11/28/2023	*	2,304	-	-

See accompanying independent auditors' report.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions (Continued)
For the Year Ended December 31, 2023

EIN: 85-0978372
Plan Number: 001

				Total That Constitute Nonexempt Prohibited Transactions		
Participant Contributions Transferred Late to the Plan				Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☒	Date Withheld	Date Remitted	Contributions Not Corrected			
20,339	11/10/2023	01/29/2024 *	20,339	-	-	-
8,738	11/16/2023	12/08/2023 *	8,738	-	-	-
102	11/16/2023	12/08/2023 *	102	-	-	-
1,758	11/17/2023	01/29/2024 *	1,758	-	-	-
6,991	12/14/2023	02/14/2024 *	6,991	-	-	-
2,591	12/21/2023	01/02/2024 *	2,591	-	-	-
771	12/21/2023	01/02/2024 *	771	-	-	-
7,795	12/28/2023	02/14/2024 *	7,795	-	-	-
<u>\$ 1,055,979</u>			<u>\$ 1,055,979</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* Delinquent contributions were made on "Date Remitted" as indicated above. Lost earnings have not yet been remitted.

See accompanying independent auditors' report.

ENVOY SOLUTIONS RETIREMENT SAVINGS PLAN

Attachment for Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes at End of Year
As of December 31, 2023

EIN: 85-0978372
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ⁽¹⁾	Current value
*	FID Govt MMkt	Money Market Account	-	\$ 3,854,975
	Mutual Funds:			
	Am Cent Oc 2030 R6	Mutual Fund	-	27,329,549
	Am Cent Oc 2025 R6	Mutual Fund	-	21,382,992
	Am Cent Oc 2035 R6	Mutual Fund	-	19,279,042
	Am Cent Oc In Rtm R6	Mutual Fund	-	13,725,844
	Am Cent Oc 2045 R6	Mutual Fund	-	10,643,013
	Am Cent Oc 2040 R6	Mutual Fund	-	9,466,183
*	FID 500 Index	Mutual Fund	-	7,007,851
	Am Cent Oc 2050 R6	Mutual Fund	-	6,405,282
	JPM Lg Cap Growth R6	Mutual Fund	-	4,421,311
	Am Cent Oc 2055 R6	Mutual Fund	-	4,215,147
	Vang Info Tec Idx Ad	Mutual Fund	-	3,453,594
	JPM Mid Cap Grth R6	Mutual Fund	-	2,217,749
	Am Cent Oc 2060 R6	Mutual Fund	-	1,930,741
	Vang Equity Inc Adm	Mutual Fund	-	1,762,713
	MFS Intl Divrsn R6	Mutual Fund	-	1,129,659
	GS Gqg Intl Opps R6	Mutual Fund	-	1,079,355
	Am Cent Sm Cap Gr R6	Mutual Fund	-	964,219
	Vang St Inv Gr Adm	Mutual Fund	-	765,417
	Vang Smcpvl Idx Adm	Mutual Fund	-	732,814
	TRP Health Sciences	Mutual Fund	-	657,235
*	FID Mid Cap Idx	Mutual Fund	-	501,352
	Vang Mdcplvl Idx Adm	Mutual Fund	-	448,289
	Vang Lt Inv Gr Adm	Mutual Fund	-	399,176
	Pgim Total Rtn Bd R6	Mutual Fund	-	381,445
	J H Glb Eq Inc N	Mutual Fund	-	328,791
	C&S Real Estate Z	Mutual Fund	-	176,487
	Subtotal Mutual Funds			140,805,250
	Common/Collective Trusts:			
	CB&T FIT Balanced D	Common/Collective Trust		44,779,101
	CB&T FIT Growth D	Common/Collective Trust		27,004,599
	CB&T FIT Mod Consvr D	Common/Collective Trust		8,342,726
	CB&T FIT Aggressive D	Common/Collective Trust		8,007,611
	CB&T FIT ConservativeD	Common/Collective Trust		1,471,430
*	FID MIP CL 1	Common/Collective Trust		88,344
	Subtotal Common/Collective Trusts			89,693,811
	Lincoln Stable Value	Guaranteed Investment Contract		13,211,872
*	Participant Loans	Interest rates from 3.25 to 9.50%; maturity dates vary	- 0 -	3,945,805
	Total			<u>\$ 251,511,713</u>

* Represents a party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.