

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ATRIUS 401K RETIREMENT SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ATRIUS MSO, LLC</u></p> <p><u>C/O UNITEDHEALTH GROUP INCORPORATED</u> <u>6022 BLUE CIRCLE DRIVE</u> <u>MN103-0300</u> <u>MINNETONKA, MN 55343</u></p>	<p>1c Effective date of plan <u>01/01/2001</u></p> <p>2b Employer Identification Number (EIN) <u>87-1803974</u></p> <p>2c Plan Sponsor's telephone number <u>952-936-1300</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2025	VICKIE STRICKLAND
	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 <input type="checkbox"/> Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE UNITEDHEALTH GROUP INCORPORATED 6022 BLUE CIRCLE DRIVE MN103-0300 MINNETONKA, MN 55343		3b Administrator's EIN 41-1321939
		3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	10487
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	5484
6a(2) Total number of active participants at the end of the plan year	6a(2)	5536
b Retired or separated participants receiving benefits.....	6b	189
c Other retired or separated participants entitled to future benefits	6c	4775
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	10500
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	41
f Total. Add lines 6d and 6e.....	6f	10541
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	9848
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	10083
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	171
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 3H 2R

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC</p>	<p>D Employer Identification Number (EIN) 87-1803974</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(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
13-1624203	69345	102975	567	01/01/2024	12/31/2024

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
---	--------------------------------------

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	

(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	31756589
5	Current value of plan's interest under this contract in separate accounts at year end.....	65498872
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 32050287
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1311949
	(4) Transferred from separate account	7c(4) 700713
	(5) Other (specify below).....	7c(5) 5750
	▶ ADJUSTMENTS	
(6) Total additions	7c(6) 2018412	
d	Total of balance and additions (add lines 7b and 7c(6))	7d 34068699
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1965999
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 332300
	(4) Other (specify below).....	7e(4) 13811
▶ OTHER		
(5) Total deductions	7e(5) 2312110	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 31756589

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC</p>	<p>D Employer Identification Number (EIN) 87-1803974</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	GAC 39901	1	01/01/2024	12/31/2024

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
--------------------------------------	-------------------------------

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	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 110619762

c Additions: (1) Contributions deposited during the year	7c(1)	140463	
	7c(2)		
	7c(3)	878378	
	7c(4)	1397481	
	7c(5)	903	
▶ LOAN PAYMTS, FORT			

(6) Total additions **7c(6)** 2417225

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 113036987

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25977942	
(2) Administration charge made by carrier.....	7e(2)	13464	
(3) Transferred to separate account	7e(3)	8713290	
(4) Other (specify below).....	7e(4)	62242	

▶ LOAN DIST, FORF, ADJ

(5) Total deductions **7e(5)** 34766938

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 78270049

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

FID INV INSTL OPS CO

04-2647786

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

STATE STREET GLOBAL ADV TRUST

81-4017137

(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

(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

(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

(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

(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)

FID INV INSTL OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	209248	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAKER TILLY US, LLP

30-1413443

(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?
10 50	AUDITOR	22400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NFP RETIREMENT

33-0905143

(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?
10 50	AUDITOR	2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
BROKERAGE LINK 04-2647786	SEE SCHEDULE C ATTACHMENT LABELED - SDB INDIRECT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ATRIUS 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATRIUS MSO, LLC</u>	D Employer Identification Number (EIN) <u>87-1803974</u>

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: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2587368</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INSTITUTIONAL 500 INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>217620173</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2030 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>84-6565712-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>122987808</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2025 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>84-6561512-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106652281</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2035 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>84-6568405-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100516564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2040 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>84-6572691-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100917672</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2045 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>84-6574391-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78195457</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6557902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46429903
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2050 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6579799-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62617703
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II MID-CAP OPP		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 04-6913417-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39603374
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT INCOME TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6551878-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30901416
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL COMPANY COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21308254
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2055 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6587002-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29992929
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US BOND INDEX NL CL M		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-495	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23197492
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTITUTIONAL EXTENDED MKT IND		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6324211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18136469
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2060 TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 84-6588737-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12336397
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY EX-US INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3155631

a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2065 TRUST**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

c EIN-PN 84-6590672-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2299227
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **NORTHERN TRUST TREASURY INFLATION**

b Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC.**

c EIN-PN 45-6138589-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1018546
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF II EMERGING MKTS RESEARCH**

b Name of sponsor of entity listed in (a): **WELLINGTON TRUST COMPANY NA**

c EIN-PN 04-6913417-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991073
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2070 TRUST**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

c EIN-PN 87-7030296-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221054
---------------------------------------	-------------------------------	---

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)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATRIUS MSO, LLC	D Employer Identification Number (EIN) 87-1803974

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18169426	20800950
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6630257	6883537
(9) Value of interest in common/collective trusts	1c(9)	904737667	1019099423
(10) Value of interest in pooled separate accounts	1c(10)	3051786	2587368
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	335713706	357314446
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	142670049	110026638
(15) Other.....	1c(15)	76747312	98163044

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1487720203	1614875406
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1487720203	1614875406

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)	34660353	
(B) Participants.....	2a(1)(B)	37840767	
(C) Others (including rollovers).....	2a(1)(C)	9541890	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		82043010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	487046	
(F) Other.....	2b(1)(F)	2190327	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2677373
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	17064296	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17064296
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		124517179
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-123236
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43891294
c Other income	2c		13676544
d Total income. Add all income amounts in column (b) and enter total	2d		283746460

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	156305115	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		156305115
f Corrective distributions (see instructions)	2f		30482
g Certain deemed distributions of participant loans (see instructions)	2g		-4616
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	205106	
(4) IQPA audit fees	2i(4)	24400	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	30770	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		260276
j Total expenses. Add all expense amounts in column (b) and enter total	2j		156591257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		127155203
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2829
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ATRIUS 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATRIUS MSO, LLC</u>	D Employer Identification Number (EIN) <u>87-1803974</u>	

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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107 13-1624203

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

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

ATRIUS 401(K) RETIREMENT SAVINGS PLAN

Employer ID No: 87-1803974
Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2024 and 2023 and for the Year Ended
December 31, 2024

Atrius 401(k) Retirement Savings Plan

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4a, Schedule of Delinquent Participant Contributions	19

Independent Auditors' Report

To the Participants and Plan Administrator of
Atrius 401(k) Retirement Savings Plan

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

We have performed audits of the financial statements of the Atrius 401(k) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a, Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental 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).

Baker Tilly US, LLP

Minneapolis, Minnesota
August 29, 2025

Atrius 401(k) Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments - at fair value	\$ 1,494,358,481	\$ 1,337,716,309
Investments - at contract value	92,832,438	125,204,211
Receivables		
Employer contributions	20,800,950	18,169,426
Notes receivable from participants	<u>6,963,016</u>	<u>6,724,657</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,614,954,885</u>	<u>\$ 1,487,814,603</u>

See accompanying notes to financial statements.

Atrius 401(k) Retirement Savings Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2024

ADDITIONS

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 181,961,781
Interest and dividends income	19,254,623
Contributions	
Participant	37,840,767
Employer	34,660,353
Rollover	9,541,890
Interest income on notes receivable from participants	<u>490,812</u>
Total additions	<u>283,750,226</u>

DEDUCTIONS

Deductions from net assets attributed to	
Benefits paid to participants	156,349,668
Administrative expenses	<u>260,276</u>
Total deductions	<u>156,609,944</u>

NET INCREASE 127,140,282

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>1,487,814,603</u>
End of year	<u>\$ 1,614,954,885</u>

See accompanying notes to financial statements.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 1 - Description of the Plan

The following description of the Atrius 401(k) Retirement Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Atrius MSO, LLC (the "Company"). All employees are immediately eligible for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Fidelity Management Trust Company is the trustee of the Plan ("the Trustee") and Teachers Insurance and Annuity Association of America and College Retirement Equity Fund is the custodian of the Plan ("the Custodian").

The UnitedHealth Group Employee Benefits Plans Administrative Committee ("Plan Administrator") is responsible for the oversight of the Plan. The UnitedHealth Group Employee Benefits Plans Investment Committee ("Investment Committee") determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute an amount up to the maximum dollar amount permissible under the Internal Revenue Code ("the Code"). The Plan allows participants to contribute up to 75% of their eligible pay. Participant contributions include pre-tax deferrals, Roth deferrals, and rollover contributions. Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution rate of 2% of their eligible pay, unless they decline to participate within a prescribed time limit or they elect a different pre-tax and/or Roth contribution rate. Participants who have attained age 50 before the end of the plan year may make additional catch-up contributions, subject to limitations imposed by the Code.

The Company may make an annual discretionary employer contribution and may also make a discretionary matching contribution to be distributed among participants based on allocations determined by the Company. Employees who have completed one year and 1,000 hours of service are eligible for employer contributions to the Plan. For the year ended December 31, 2024, the discretionary employer contribution was equivalent to 6% of eligible compensation for executives and physicians and 4% of eligible compensation for non-physicians and non-executive employees. For the year ended December 31, 2024, the discretionary employer matching contribution was equivalent to 100% of the first 4% of participants' eligible compensation deferred for the period.

Subsequent to December 31, 2024, the Company made discretionary employer contributions and matching contributions of \$19,838,020 and \$962,930, respectively, for the year ended December 31, 2024.

The Company made discretionary employer matching contributions of \$14,822,333 for the year ended December 31, 2024.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 1 - Description of the Plan (cont.)

Participant Accounts

Each participant's account is credited with the participant's deferral contributions, rollover contributions, the Company's discretionary and matching contributions, if any, and plan earnings or losses (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, discretionary employer contributions, if any, and earnings thereon. Discretionary employer matching contributions, if any, vest in accordance with provisions of the Plan as follows:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
2 or more	33-1/3%
3 or more	66-2/3%
4 or more	100%

Notwithstanding the vesting schedule above, discretionary employer matching contributions, if any, will become fully vested (100%) upon the occurrence of any of the following events while the participant is employed by the Company: death, attainment of normal retirement age (age 65), disability, partial plan termination with respect to the participant, or complete termination of the Plan or complete discontinuance of employer contributions.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$76,174 and \$181,364, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. During the year ended December 31, 2024, \$494,598 was used to reduce employer contributions for the Plan.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, or termination of employment as defined in the Plan document. The total vested portion of a participant's account balance may be distributed in the form of a lump-sum payment or partial payments or in any form available under the trust or annuity contract in which the participant's account is invested. With Plan Administrator approval, participants may withdraw all or part of their employee contributions in the event of financial hardship.

There are no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2024 and 2023.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 1 - Description of the Plan (cont.)

Notes Receivable from Participants

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (subject to reduction for certain loan balances in the prior 12 months) or 50% of their vested account balances. These loans are secured by the balance in the participant's account. The loans bear interest based on the prime interest rate quoted on the first business day of the month in which the loan is processed, plus one (1) percentage point. The maximum term for a loan is 59 months, except if the loan is used to acquire the participant's principal residence, in which case the term of the loan may not exceed 118 months. Principal and interest are paid ratably through payroll deductions. Participants are permitted to have two outstanding loans at a time.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, the Trustee, and the Custodian. 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 on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Administrative Expenses

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

The Plan has a revenue sharing agreement with the Trustee. If the Trustee receives fund compensation above a certain amount, the excess compensation was made available to the Plan to offset administrative expenses. If the excess compensation is greater than administrative expenses the excess is allocated to participants. For the year ended December 31, 2024, revenue sharing funds in the amount of \$28,970 was used to pay administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through August 29, 2025, the date the financial statements were approved and available to be issued.

NOTE 3 - Information Prepared and Certified by Trustee and Custodian

Certain information related to investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, was obtained by the Plan Administrator and agreed to or derived from information certified as complete and accurate by the Trustee and the Custodian.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 4 - Fair Value of Financial Instruments

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

Level 1 - Unadjusted quoted prices for identical assets in active markets that the Plan can 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 - Unobservable inputs for the asset.

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 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 4 - Fair Value of Financial Instruments (cont.)

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account: Valued based upon the unit value of such pooled account held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate account consists of the TIAA Real Estate Account which invests mainly in real estate and real estate-related investments. Due to the nature of the pooled account, there are no unfunded commitments or participant redemption restrictions.

Self-directed brokerage accounts: The self-directed brokerage account allows participants the opportunity to invest in a wide array of individual securities including stocks, corporate bonds, zero-coupon bonds, U.S. Treasury securities, mortgage securities and U.S. government agency bonds, certificates of deposit, unit investment trusts, foreign securities, exchange-traded funds, and mutual funds, which are primarily valued using the methodologies described above for the Plan's investments in similar securities.

Traditional annuity contracts: The TIAA Traditional Non Benefit Responsive (GRA) fixed annuity contracts are reported at fair value, which approximates contract value. The fair value of the traditional annuity contract is determined using a discounted cash flow model. The contract value equals accumulated cash contributions and interest credited to the contract, less withdrawals and expenses. The traditional annuity contract is not available for sale or transfer on any securities exchange. Requested withdrawals or transfers are generally paid out over a 10-year period in equal increments per year. GRA's are not considered to be fully benefit responsive investment contracts as defined by ASC 962 because this provision is considered to restrict participants' "reasonable access" to their contract balances.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2024 and 2023, respectively.

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 357,314,446	\$ 357,314,446	\$ -	\$ -
Pooled separate account	2,587,368	-	2,587,368	-
Self-directed brokerage accounts	98,163,044	93,222,111	4,940,933	-
Traditional annuity contracts	17,194,200	-	-	17,194,200
Total assets in the fair value hierarchy	475,259,058	<u>\$ 450,536,557</u>	<u>\$ 7,528,301</u>	<u>\$ 17,194,200</u>
Instruments measured at NAV	<u>1,019,099,423</u>			
Total investments at fair value	<u>\$ 1,494,358,481</u>			

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 4 - Fair Value of Financial Instruments (cont.)

	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 335,713,706	\$ 335,713,706	\$ -	\$ -
Pooled separate account	3,051,786	-	3,051,786	-
Self-directed brokerage accounts	76,747,312	73,949,987	2,797,325	-
Traditional annuity contracts	17,465,838	-	-	17,465,838
Total assets in the fair value hierarchy	432,978,642	<u>\$ 409,663,693</u>	<u>\$ 5,849,111</u>	<u>\$ 17,465,838</u>
Instruments measured at NAV	<u>904,737,667</u>			
Total investments at fair value	<u>\$ 1,337,716,309</u>			

The following table sets forth a summary of changes in the fair value of the Plan's level three assets for the year ended December 31, 2024:

Traditional Annuity Contracts

Balance, 12/31/2023	\$ 17,465,838
Realized gains	373,587
Unrealized gains	153,716
Purchases	564,430
Sales	(1,363,371)
Balance, 12/31/2024	<u>\$ 17,194,200</u>

The following tables provide quantitative information about significant unobservable inputs used in the Plan's level three fair value measurements as of December 31, 2024 and 2023:

Type	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range
December 31, 2024				
Traditional Annuity Contracts	\$ 17,194,200	Discounted cash flow / theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.65% to 6.50%
Type	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range
December 31, 2023				
Traditional Annuity Contracts	\$ 17,465,838	Discounted cash flow / theoretical transfer (exit value)	Risk-adjusted discount rate applied	4.00% to 6.75%

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 4 - Fair Value of Financial Instruments (cont.)

Investments Measured Using the NAV Per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023.

Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency ⁽²⁾	Redemption Notice Period ⁽³⁾
December 31, 2024				
Common collective trusts	\$ 1,019,099,423 \$	-	Immediate	Various
December 31, 2023				
Common collective trusts	\$ 904,737,667 \$	-	Immediate	Various

(1) The fair value of investments is based on the fair values of the underlying investments in the funds.

(2) Certain events may cause funds held in the common collective trusts to be deferred, including, but not limited to, the following:

- (i) Closing or disruption of the financial markets or exchanges in which a transaction is unable to be settled prudently.
- (ii) An emergency situation in which the disposition of assets would be seriously prejudicial to participants.
- (iii) Breakdown in the means of communication normally employed to determine fair market value of an investment.
- (iv) Investments cannot be effected at normal rates of exchange.

None of these events occurred in 2024 or 2023.

(3) Certain common collective trusts require redemption notice periods for plan or participant withdrawals at the discretion of the investment advisor.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 5 - Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of investment contracts that comprises a separate account guaranteed investment contract and TIAA Traditional Benefit Responsive - GSRA annuity contracts. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The following represents the disaggregation of contract value between types of investment contracts held by the Plan.

	<u>2024</u>	<u>2023</u>
Separate account guaranteed investment contract (MetLife Fixed Account)	\$ 78,270,049	\$ 110,619,762
TIAA Traditional Benefit Responsive - GSRA	<u>14,562,389</u>	<u>14,584,449</u>
Total guaranteed investment contracts	<u>\$ 92,832,438</u>	<u>\$ 125,204,211</u>

The Plan holds a MetLife Fixed Account guaranteed investment contract and a TIAA Traditional Benefit Responsive – GSRA fixed annuity contract. The contract issuers are contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The MetLife Fixed Account and TIAA Traditional Benefit Responsive - GSRA crediting rates are based on a formula established by the contract issuers but may not be less than 0 percent and 3 percent, respectively. The crediting rates are reviewed on a periodic basis for resetting.

The Plan's ability to receive amounts due in accordance with the guaranteed investment and fixed annuity contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 6 - Related Party and Party-in-interest Transactions

Certain of the Plan's investments are managed by the Trustee and the Custodian therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of investments. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances and the Plan has a revenue sharing agreement with the Trustee. These transactions qualify as exempt party-in-interest transactions.

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

NOTE 7 - Plan Termination

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

NOTE 8 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated April 14, 2017 that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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

NOTE 9 - Risks and Uncertainties

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

As of December 31, 2024 and 2023, the Plan had investments of \$444,447,041 and \$382,132,969 respectively, concentrated in two investments that each accounted for more than 10% of plan investments.

Atrius 401(k) Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

NOTE 10 – Delinquent Participant Contributions

For the year ended December 31, 2024, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions totaled \$2,829. The Company compensated participants for lost earnings resulting from the delinquent participant contributions in 2025.

NOTE 11 - Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,614,954,885	\$ 1,487,814,603
Deemed distributions of participant loans	<u>(79,479)</u>	<u>(94,400)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,614,875,406</u>	<u>\$ 1,487,720,203</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2024 to Form 5500:

	<u>2024</u>
Increase in net assets per the financial statements	\$ 127,140,282
Deemed distributions activity	<u>14,921</u>
Net income per the Form 5500	<u>\$ 127,155,203</u>

SUPPLEMENTAL INFORMATION

Atrius 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 87-1803974

Plan 001

As of December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Metropolitan Life Insurance Company	Guaranteed Investment Contract: Fixed Account	**	\$ 78,270,049
		Traditional Annuity Contracts:		
*	TIAA CREF	Traditional Non Benefit Responsive (GRA)	**	17,194,200
*	TIAA CREF	Traditional Benefit Responsive - GSRA	**	14,562,389
				<u>31,756,589</u>
	Shares of an Investment Company	Mutual Funds:		
	JPMorgan	U.S. Equity Fund	**	226,826,868
	American Funds	EuroPacific Growth Fund	**	34,477,551
	Dodge & Cox	Income Fund	**	29,320,481
*	CREF	Stock Account	**	18,940,273
*	CREF	Growth Account	**	14,494,198
*	CREF	Equity Index Account	**	9,605,417
*	CREF	Global Equities Account	**	9,329,579
*	CREF	Social Choice Account	**	4,275,426
*	CREF	Core Bond Account	**	3,588,750
*	CREF	Money Market Account	**	2,026,345
*	Nuveen	Lifecycle 2035 Fund	**	1,000,921
*	Nuveen	Lifecycle 2040 Fund	**	706,239
*	CREF	Inflation-Linked Bond Account	**	651,517
*	Nuveen	Lifecycle 2030 Fund	**	507,099
*	Nuveen	Lifecycle 2010 Fund	**	428,501
	PIMCO	All Asset Fund	**	351,573
*	Nuveen	Lifecycle 2025 Fund	**	289,073
*	Nuveen	Lifecycle 2015 Fund	**	236,291
*	Nuveen	Lifecycle 2020 Fund	**	182,218
	Vanguard	Federal Money Market Fund	**	76,126
				<u>357,314,446</u>

Atrius 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 87-1803974

Plan 001

As of December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts:		
	Vanguard	Institutional 500 Index Trust	**	217,620,173
	Vanguard	Target Retirement 2030 Trust	**	122,987,808
	Vanguard	Target Retirement 2025 Trust	**	106,652,281
	Vanguard	Target Retirement 2040 Trust	**	100,917,672
	Vanguard	Target Retirement 2035 Trust	**	100,516,564
	Vanguard	Target Retirement 2045 Trust	**	78,195,457
	Vanguard	Target Retirement 2050 Trust	**	62,617,703
	Vanguard	Target Retirement 2020 Trust	**	46,429,903
	Wellington	Mid Cap Opportunities Fund	**	39,603,374
	Vanguard	Retirement Target Income Trust	**	30,901,416
	Vanguard	Target Retirement 2055 Trust	**	29,992,929
	State Street	U.S. Bond Index Non-Lending Series Fund	**	23,197,492
*	FIAM	Small Company Commingled Pool	**	21,308,254
	Vanguard	Institutional Extended Market Index Trust	**	18,136,469
	Vanguard	Target Retirement 2060 Trust	**	12,336,397
	State Street	Global All Cap Equity Ex-U.S. Index Fund	**	3,155,631
	Vanguard	Target Retirement 2065 Trust	**	2,299,227
	Northern Trust	TIPS Index Fund	**	1,018,546
	Wellington	Emerging Markets Research	**	991,073
	Vanguard	Target Retirement 2070 Trust	**	221,054
				<u>1,019,099,423</u>
*	TIAA	Pooled Separate Account: Real Estate Account	**	<u>2,587,368</u>
*		Self-Directed Brokerage Accounts ***	**	98,163,044
*		Participant loans (interest rate ranging from 4.25% to 9.50% with maturity dates ranging from January 2025 – August 2038)	\$0	<u>6,883,537</u>
				<u>\$ 1,594,074,456</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan

Atrius 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4A, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 87-1803974

Plan 001

For the Year Ended December 31, 2024

Total That Constitute Nonexempt Prohibited Transactions

	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contribution Pending Correction in (VFCP)	Total Fully Corrected under (VFCP) and Prohibited Transaction Exemption 2002-51
Participant Contributions Transferred Late to the Plan	\$ 2,829	\$ —	\$ —	\$ —

Check here if late participant loan repayments are included:

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan ATRIUS 401K RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2001
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) ATRIUS MSO, LLC C/O UNITEDHEALTH GROUP INCORPORATED 6022 BLUE CIRCLE DRIVE MN103-0300 MINNETONKA MN 55343	2b Employer Identification Number (EIN) 87-1803974 2c Plan Sponsor's telephone number 952-936-1300 2d Business code (see instructions) 621111

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	<i>Vickie Strickland</i>	9/5/25	VICKIE STRICKLAND
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE UNITEDHEALTH GROUP INCORPORATED 6022 BLUE CIRCLE DRIVE MN103-0300 MINNETONKA MN 55343	3b Administrator's EIN 41-1321939 <hr/> 3c Administrator's telephone number 952-936-1300
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN <hr/> 4d PN
--	-------------------------------------

5 Total number of participants at the beginning of the plan year	5	10,487
---	----------	--------

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	6a(1)	5,484
a(2) Total number of active participants at the end of the plan year	6a(2)	5,536
b Retired or separated participants receiving benefits	6b	189
c Other retired or separated participants entitled to future benefits	6c	4,775
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	10,500
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	41
f Total. Add lines 6d and 6e.	6f	10,541
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	9,848
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	10,083
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	171

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 3H 2R

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 2

(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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

Brokerage Link Indirect Fees

The listing below includes the indirect fee's associated with the Brokeragelink Account.

PLAN NAME: ATRIUS 401K RETIREMENT SAVINGS PLAN
EIN/PN: 87-1803974 / 001

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
72411	INVESCO VALUE OPPORTUNITIES FUND A	0.40%	USADDRESS	11 GREENWAY PLAZA; STE 100	HOUSTON	TX	77046	INVESCO	00143M398
72411	AMG YACHTMAN FOCUSED N	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K570
72411	AMG YACHTMAN FUND I	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K588
72411	AQR DIVERSIFYING STRATEGIES FUND CL I	0.12%	USADDRESS	1 GREENWICH PLAZA	GREENWICH	CT	06830	AQR FUNDS	00191K351
72411	AQR LONG SHORT EQUITY CL N	0.40%	USADDRESS	1 GREENWICH PLAZA	GREENWICH	CT	06830	AQR FUNDS	00203H438
72411	EDGEWOOD GROWTH FUND INSTL CL	0.12%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	EDGEWOOD	0075W0759
72411	GQG PARTNERS EMRNGING MARKETS EQUITY INV	0.40%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	GQG PARTNERS FUND	00771X427
72411	ECOFIN GLOBAL REN INFRASTRUCTURE INSTL	0.10%	FOREIGNADDRESS	140 WILLIAM STREET	MELBOURNE	AU	61	RWC ECOFIN	00775Y330
72411	AMANA MUTUAL FUND TRUST INCOME	0.40%	USADDRESS	1300 NORTH STATE ST	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865109
72411	AMERICAN CENTURY INFLN ADJ BOND INV	0.25%	USADDRESS	4400 MAIN ST 1ST FL	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	025081704
72411	AMERICAN CENTURY ULTRA INVESTOR CLASS	0.35%	USADDRESS	4400 MAIN ST 1ST FL	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	025083882
72411	AMERICAN 2025 TARGETDATE RETIREMENT CL A	\$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	02630T779
72411	ARTISAN SMALL CAP FUND INVESTOR CL	0.39%	USADDRESS	875 E WISCONSIN AVE STE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H105
72411	BAIRD AGGREGATE BOND FUND INSTL	0.03%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071854
72411	BLACKROCK STRATEGIC INCOME OPPRTSI INSTL	0.15%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09260B382
72411	BUFFALO MID CAP DISCOVERY	0.40%	USADDRESS	615 E. MICHIGAN ST	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530103
72411	CALAMOS GLOBAL CONVERTIBLE CL A	0.40%	USADDRESS	2020 CALAMOS COURT	NAPERVILLE	IL	60563	CALAMOS FAMILY OF MUTUAL FUNDS	128120748
72411	CALVERT INTL EQUITY CLASS I	0.10%	USADDRESS	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	CALVERT GROUP	131649808
72411	FULLERTHALER BEHV SM CAP GROWTH INSTL	0.10%	USADDRESS	411 BOREL AVE, STE 300	SAN MATEO	CA	94402	FULLER & THALER	14064D782
72411	CLIFFWATER CORPORATELENDING FUND I	0.18%	USADDRESS	4640 ADMIRALTY WAY, 11TH FL	MARINA DEL REY	CA	90292	CLIFFWATER LLC	18686A204
72411	COHEN & STEERS INSTL REALTY SHARES	0.10%	USADDRESS	280 PARK AVE, 10TH FL	NEW YORK	NY	10017	COHEN & STEERS FUNDS	19247U106
72411	COLUMBIA DIVIDEND INCOME CL A	0.40%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	1976N278
72411	COLUMBIA CORPORATE INCOME FUND CL I2	0.10%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	1976M881
72411	DFA US CORE EQUITY I	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303413
72411	DFA EMERGING MKTCS CORE EQU PORTF	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303421
72411	DFA US MICRO CAP PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303504
72411	DFA INTERNATIONAL SMALL COMPANY PORT	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303629
72411	DFA US SMALL CAP VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303819
72411	DFA US LARGE CAP VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303827
72411	DFA FIVE YEAR GLBL FIXED INC PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	232303884
72411	DFA INVESTMENT GRADE PORTFOLIO INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23230G448
72411	DFA GLOBAL REAL ESTATE SEC PORTFOLIO	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23230G554
72411	DFA INTERNATIONAL VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	25434D203
72411	EATON VANCE EMERGINGAND FRONT COUNT EQU I	\$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	27826A763
72411	EATON VANCE EMERG MKTS DB OPPOR CL I	\$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	27827V402
72411	FPA FLEXIBLE FIXED INCOME FUND	0.10%	USADDRESS	11601 WILSHIRE BLVD, STE 1200	LOS ANGELES	CA	90025	FPA FUNDS	302547718
72411	ALPS SMITH TOTAL RETURN BOND CL I	0.15%	USADDRESS	1290 BROADWAY STE 1100	DENVER	CO	80203	ALPS FUNDS	31761R393
72411	FRANKLIN FLOATING RTDAILY ACCESS CL A	\$16.00	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	356312823
72411	GOTHAM ENHANCED RETURN FUND INSTL	0.10%	USADDRESS	535 MADISON AVE 30TH FLR	NEW YORK	NY	10022	GOTHAM FUNDS	360873129
72411	EIC VALUE FUND CL I	0.10%	USADDRESS	1776 PEACHTREE ST, NW	ATLANTA	GA	30309	FUNDVANTAGE FUNDS	360873277
72411	GOLDMAN SACHS GQG PARTNERS INTL OPP I	0.17%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	3817N2993
72411	GOLDMAN SACHS GQG PART INTLNTL OPP A	0.40%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	38147N327
72411	HARTFORD INTL VALUE FUND CLASS Y	0.10%	USADDRESS	100 MATSONFORD RD, STE 300	RADNOR	PA	19087	HARTFORD FUNDS	41664M649
72411	JPMORGAN HEDGED EQUITY CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	46637K281
72411	JANUS HENDERSON FLEXIBLE BOND T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023606
72411	JANUS HENDERSON CONTRARIAN T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023655
72411	JPMORGAN CORE BOND CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0381
72411	JPMORGAN MORTGAGE BACKED SEC CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C1215
72411	CLEARBRIDGE INTERN'GROWTH FD CL I	0.15%	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	524686524
72411	LOOMIS SAYLES BOND RETAIL SHARES	0.35%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	LOOMIS SAYLES FUNDS	543495832
72411	LOOMIS SAYLES BOND INSTL	0.15%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	LOOMIS SAYLES FUNDS	543495840
72411	MFS INTERNATIONAL DIVERSIFICATION FD A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	55273G330
72411	MUHLENKAMP FUND	0.40%	USADDRESS	5000 STONEWOOD DR.	WEXFORD	PA	15090	MUHLENKAMP FUNDS	56166Y438
72411	MATTHEWS ASIA GROWTH FUND INV	0.40%	USADDRESS	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	MATTHEWS ASIAN FUNDS	577130867
72411	TCW METWESS HIGH YLDBOND CL M	0.40%	USADDRESS	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	METROPOLITAN WEST FUNDS	592905871
72411	MILLER CONVERTIBLE BOND CLASS I	0.10%	USADDRESS	20 WILLIAM ST, STE G5	WILLESLE	MA	02481	MILLER CONVERTIBLE	60055P201
72411	MS GLOBAL FIXED INCOME OPPORT CL A	0.40%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	616961108
72411	JPMORGAN GROWTH ADVANTAGE FUND CL A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	62826M483
72411	CATALYST MILLBURN HEDGE STRTYG FD CL I	0.15%	USADDRESS	80 ARKAY STE 110	HAUPTPAUGE	NY	11788	CATALYST FUNDS	62827P816
72411	LOOMIS SAYLES CORE PLUS BOND FUND CL Y	0.15%	USADDRESS	399 BOYLSTON ST, 8TH FL	BOSTON	MA	02116	NATIXIS GLOBAL ASSOCIATES	63872R764
72411	NEUBERGER BERMAN LONG SHORT INSTL	0.10%	USADDRESS	1290 AVE OF THE AMERICAS, 22ND FL	NEW YORK	NY	10104002	NEUBERGER BERMAN GROUP	64128R608
72411	NUVEEN GLOBAL INFRASTRUCTURE CL A	0.40%	USADDRESS	333 WEST WACKER DR	CHICAGO	IL	60606	NUVEEN MUTUAL FUNDS	670690944
72411	PARNASSUS VALUE EQUITY INVESTOR	0.40%	USADDRESS	1 MARKET ST STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	PARNASSUS FUNDS	701765869
72411	PAYDEN CORPORATE BOND FUND INVESTOR	0.33%	USADDRESS	333 S GRAND AVE 32ND FL	LOS ANGELES	CA	90071	PAYDEN & RYSEL INVESTMENT GROUP	704329366
72411	PIMCO INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201F474
72411	PIMCO COMMODITIES PLUS STRATEGY CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201P159
72411	PIONEER MULTI-ASSET ULTRA SHORT INCOME A	0.40%	USADDRESS	60 STATE ST, 17TH FL.	BOSTON	MA	02109	PIONEER GROUP	72388E407
72411	T ROWE PRICE COM & TECHNOLOGY INVESTOR	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741454102
72411	PRINCIPAL REAL ESTATE SEC FD CL A	0.40%	USADDRESS	620 COOLIDGE DR, STE 300	FOLSOM	CA	95630	PRINCIPAL	74254T278
72411	MUZINICH CREDIT OPPORT SUPRA INSTL	0.12%	USADDRESS	450 PARK AVE	NEW YORK	NY	10022	MUZINICH FUNDS	74316J532
72411	PGIM TOTAL RETURN BOND CL A	0.40%	USADDRESS	655 BROAD ST	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	74440B108
72411	RBC EMERGING MARKETS EQUITY FD CL I	0.08%	USADDRESS	50 S SIXTH ST, STE 2350	MINNEAPOLIS	MN	55402	RBC FUNDS	74926P316
72411	ABBEY CAPITAL MULTI ASSET FUND CLASS I	0.15%	FOREIGNADDRESS	1 2 CAVENDISH ROW	DUBLIN	IE	1	ABBEY CAPITAL	74933W882
72411	T ROWE PRICE BLUE CHIP GROWTH INC	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q106
72411	T ROWE PRICE GLOBAL CONSUMER FUND INVEST	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77956H344
72411	ROYCE SMALL-CAP SPECEQUITY INVESTMENT CL	0.15%	USADDRESS	745 FIFTH AVE STE 2400	NEW YORK	NY	10151	ROYCE FUNDS	780905782
72411	SEGALL BRYANT HAMILL SML CAP GRWTH INSTL	0.12%	USADDRESS	370 17TH ST, STE 5000	DENVER	CO	80202	SEGALL BRYANT & HAMILL AKA WESTCOORE	81580H811
72411	SPROTT GOLD EQUITY FUND INVESTOR	0.40%	FOREIGNADDRESS	200 BAY ST, STE 2600	TORONTO	CA	MSJ 2J1	SPROTT FUNDS	85208P105
72411	STONE RIDGE HIGH YLD REINSRNCE RSK PREM	0.10%	USADDRESS	510 MADISON AVE	NEW YORK	NY	10022	STONE RIDGE	861728400
72411	THOMPSON BOND FUND	0.25%	USADDRESS	1255 FOURIER DR STE 200	MADISON	WI	53717	THOMPSON INVESTMENT MANAGEMENT, INC.	884891201
72411	THORNBURG INCOME BUILDER CL I	0.15%	USADDRESS	2300 NORTH RIDGETOP RD	SANTA FE	NM	87506	THORNBURG FUNDS	885215467
72411	THORNBURG ULTRA SHORT INCOME I	0.10%	USADDRESS	2300 NORTH RIDGETOP RD	SANTA FE	NM	87506	THORNBURG FUNDS	885216796
72411	NUVEEN HIGH YIELD FUND R6	0.06%	USADDRESS	333 WEST WACKER DR	NEW YORK	NY	10017	NUVEEN MUTUAL FUNDS	886315795
72411	TOUCHSTONE SANDS CAP EMERG MKRKS GROWTH	0.07%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89154Q562
72411	TOUCHSTONE MID CAP FUND CL Z	0.40%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155H785
72411	TOUCHSTONE IMPACT BOND FUND CLASS I	0.07%	USADDRESS	303 BROADWAY, STE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155T300
72411	TRANSAMERICA MID CAP VALUE OPPORT CL I	0.10%	USADDRESS	4333 EDGEWOOD RD NE	CEDAR RAPIDS	IA	52499	TRANSAMERICA	89354D775
72411	CROSSBRIDGE LOW DUR HIGH INCOME INSTL	0.08%	USADDRESS	615 E. MICHIGAN ST	MILWAUKEE	WI	53202	CROSSINGBRIDGE FUNDS	89834G604

72411	WESTWOOD QUALITY SMALL CAP FD INSTL	0.15%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	WESTWOOD FUNDS	90386K407
72411	AUER GROWTH	0.40%	USADDRESS	8801 RIVER CROSSING BLVD, STE 100	INDIANAPOLIS	IN	46240	AUER FUNDS	90470K248
72411	VERSUS CAPITAL REAL ASSETS CL I	0.20%	USADDRESS	5555 DTC PARKWAY, STE 330	GREENWOOD VILLAGE	CO	80111	VERSUS CAPITAL FUNDS	92535N100
72411	VIRTUS KAR SMALL MID CAP CORE FD CL I	0.10%	USADDRESS	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	VIRTUS	92828N197
72411	WASATCH CORE GROWTH INSTITUTIONAL	0.15%	USADDRESS	505 WAKARA WAY, STE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793793
72411	AMERICAN WASHINGTON MUTUAL INVESTORS F1	0.37%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	939330403
72411	ALLSPRING GROWTH FUND A	0.40%	USADDRESS	525 MARKET ST MAC A0103 122	SAN FRANCISCO	CA	94105	ALLSPRING FUNDS DISTRIBUTOR LLC	949915672

Atrius 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 87-1803974

Plan 001

As of December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Metropolitan Life Insurance Company	Guaranteed Investment Contract: Fixed Account	**	\$ 78,270,049
		Traditional Annuity Contracts:		
*	TIAA CREF	Traditional Non Benefit Responsive (GRA)	**	17,194,200
*	TIAA CREF	Traditional Benefit Responsive - GSRA	**	14,562,389
				<u>31,756,589</u>
	Shares of an Investment Company	Mutual Funds:		
	JPMorgan	U.S. Equity Fund	**	226,826,868
	American Funds	EuroPacific Growth Fund	**	34,477,551
	Dodge & Cox	Income Fund	**	29,320,481
*	CREF	Stock Account	**	18,940,273
*	CREF	Growth Account	**	14,494,198
*	CREF	Equity Index Account	**	9,605,417
*	CREF	Global Equities Account	**	9,329,579
*	CREF	Social Choice Account	**	4,275,426
*	CREF	Core Bond Account	**	3,588,750
*	CREF	Money Market Account	**	2,026,345
*	Nuveen	Lifecycle 2035 Fund	**	1,000,921
*	Nuveen	Lifecycle 2040 Fund	**	706,239
*	CREF	Inflation-Linked Bond Account	**	651,517
*	Nuveen	Lifecycle 2030 Fund	**	507,099
*	Nuveen	Lifecycle 2010 Fund	**	428,501
	PIMCO	All Asset Fund	**	351,573
*	Nuveen	Lifecycle 2025 Fund	**	289,073
*	Nuveen	Lifecycle 2015 Fund	**	236,291
*	Nuveen	Lifecycle 2020 Fund	**	182,218
	Vanguard	Federal Money Market Fund	**	76,126
				<u>357,314,446</u>

Atrius 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 87-1803974

Plan 001

As of December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts:		
	Vanguard	Institutional 500 Index Trust	**	217,620,173
	Vanguard	Target Retirement 2030 Trust	**	122,987,808
	Vanguard	Target Retirement 2025 Trust	**	106,652,281
	Vanguard	Target Retirement 2040 Trust	**	100,917,672
	Vanguard	Target Retirement 2035 Trust	**	100,516,564
	Vanguard	Target Retirement 2045 Trust	**	78,195,457
	Vanguard	Target Retirement 2050 Trust	**	62,617,703
	Vanguard	Target Retirement 2020 Trust	**	46,429,903
	Wellington	Mid Cap Opportunities Fund	**	39,603,374
	Vanguard	Retirement Target Income Trust	**	30,901,416
	Vanguard	Target Retirement 2055 Trust	**	29,992,929
	State Street	U.S. Bond Index Non-Lending Series Fund	**	23,197,492
*	FIAM	Small Company Commingled Pool	**	21,308,254
	Vanguard	Institutional Extended Market Index Trust	**	18,136,469
	Vanguard	Target Retirement 2060 Trust	**	12,336,397
	State Street	Global All Cap Equity Ex-U.S. Index Fund	**	3,155,631
	Vanguard	Target Retirement 2065 Trust	**	2,299,227
	Northern Trust	TIPS Index Fund	**	1,018,546
	Wellington	Emerging Markets Research	**	991,073
	Vanguard	Target Retirement 2070 Trust	**	221,054
				<u>1,019,099,423</u>
*	TIAA	Pooled Separate Account: Real Estate Account	**	<u>2,587,368</u>
*		Self-Directed Brokerage Accounts ***	**	98,163,044
*		Participant loans (interest rate ranging from 4.25% to 9.50% with maturity dates ranging from January 2025 – August 2038)	\$0	<u>6,883,537</u>
				<u>\$ 1,594,074,456</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan