

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	1b Three-digit plan number (PN) ▶ 010
		1c Effective date of plan 02/01/1975
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) VITALANT 9305 E. VIA DE VENTURA SCOTTSDALE, AZ 85258	2b Employer Identification Number (EIN) 86-0098929
		2c Plan Sponsor's telephone number 480-675-5567
		2d Business code (see instructions) 621900

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.	09/15/2025	CAROLE BRAITHWAITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3366
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 956 6a(2) 880 6b 651 6c 1418 6d 2949 6e 69 6f 3018 6g(1) 6g(2) 6h 1
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:

1A 1C 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VITALANT	D Employer Identification Number (EIN) 86-0098929
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 12 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	180896915	
b	Actuarial value	2b	196158390	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	937	113558901	113558901
b	For terminated vested participants	1473	51663773	51663773
c	For active participants	956	42593012	44425774
d	Total	3366	207815686	209648448
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.26 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1782000	
c	Target normal cost	6c	1782000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary MENGSHU WANG Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	09/08/2025 Date 23-08451 Most recent enrollment number 847-295-5000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2349779
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2349779
10 Interest on line 9 using prior year's actual return of <u>2.26</u> %	0	53105
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1680073
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		91228
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1771301
d Portion of (c) to be added to prefunding balance		1770744
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4173628

Part III Funding Percentages			
14 Funding target attainment percentage	14	91.57 %	
15 Adjusted funding target attainment percentage	15	91.57 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.12 %	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%	

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2025	4000000	0			
			Totals ▶	18(b)	4000000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3665395
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	1782000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	17663686	1634102
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34
			3416102
35	Balances elected for use to offset funding requirement	0	1975628
36	Additional cash requirement (line 34 minus line 35).....		36
			1440474
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
			3665395
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
			2224921
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
			1975628
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
			0
40	Unpaid minimum required contributions for all years		40
			0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021		

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

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT	D Employer Identification Number (EIN) 86-0098929

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

JP MORGAN270 PARK AVENUE
NEW YORK, NY 10017

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

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

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

AON CONSULTING

22-2232264

(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?
11 14 50	ACTUARIAL & ADMIN	487770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENT USA

36-3109431

(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?
28 50	INVESTMENT ADVISOR	159711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

240 GREENWICH STREET
NEW YORK, NY 10286

(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?
15 16 27 49 50 51 59 62	TRUSTEE CUSTODIAN	44959	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

SCHNEIDER DOWNS

ONE PPG PLACE
SUITE 1700
PITTSBURGH, PA 15222

(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?
29 50	LEGAL	29235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT		B Three-digit plan number (PN) ▶ 010
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VITALANT		D Employer Identification Number (EIN) 86-0098929
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: AON ENHANCED LIABILITY DRIVEN INVES		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16584696
a Name of MTIA, CCT, PSA, or 103-12 IE: AON OPPORTUINITSTIC CR PORTFOLIO SP		
b Name of sponsor of entity listed in (a): AON INVESTMENTS USA, INC.		
c EIN-PN 98-1554296-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1993525
a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CR BD		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284710
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35742345
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CR BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677316
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18638241
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30910678
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Schedule D (Form 5500) 2023 v. 230707		

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5294043
a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INTERMEDIATE GOVERNMENT		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355632
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7951003
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CL I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1759536
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE CL I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216226
a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVERNMENT INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112201
a Name of MTIA, CCT, PSA, or 103-12 IE: AON 20+ YEAR U.S TREASURY		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468608
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3635805
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27002019
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT	D Employer Identification Number (EIN) 86-0098929	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	4000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	148200	1008668
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)	30731088	26009343
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	143582390	151626584
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	2749992	1768160
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

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	181211670	184412755
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	168961	208225
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	168961	208225
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	181042709	184204530

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)	4087374	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4087374
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149569	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		149569
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		28427831
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-4721745
d Total income. Add all income amounts in column (b) and enter total	2d		27943029

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22890825	
(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)		22890825
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	442123	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	72531	
(6) Bank or trust company trustee/custodial fees	2i(6)	44959	
(7) Actuarial fees	2i(7)	93870	
(8) Legal fees	2i(8)	29235	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1207665	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1890383
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24781208

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3161821
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: **SCHNEIDER DOWNS**

(2) EIN: **25-1408703**

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547666.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 VITALANT		D Employer Identification Number (EIN) 86-0098929
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): 13-5160382		
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 34
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: <u>28.0</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>43.0</u> % High-Yield Debt: <u>6.0</u> % Real Assets: <u>21.0</u> % Cash or Cash Equivalents: <u>2.0</u> % 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 _____.	

CONSOLIDATED RETIREMENT PLAN OF VITALANT
Scottsdale, Arizona

Financial Statements
and
Supplementary Information
For the years ended November 30, 2024 and 2023
and Independent Auditor's Report Thereon



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Note: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Consolidated Retirement Plan of Vitalant

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

We have performed audits of the accompanying financial statements of the Consolidated Retirement Plan of Vitalant (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). The financial statements comprise the statements of net assets available for benefits as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, 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 a certification from a qualified institution as of and for the years ended November 30, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion

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

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

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. 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 U.S. 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 U.S. GAAP.

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 U.S. GAAP.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended November 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with U.S. 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).

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
September 12, 2025

CONSOLIDATED RETIREMENT PLAN OF VITALANT

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	November 30	
	2024	2023
Assets:		
Investments, at fair value:		
Money market mutual fund	\$ 1,768,160	\$ 2,749,992
Common/collective trusts	151,626,584	143,582,390
Partnership/joint venture interest	26,009,343	30,731,088
Total Investments	179,404,087	177,063,470
Receivables:		
Employer contributions receivable	4,000,000	4,000,000
Other receivables	1,008,668	148,200
Total Receivables	5,008,668	4,148,200
Total Assets	184,412,755	181,211,670
Liabilities:		
Payable for Units Redeemed	208,225	168,961
Total Liabilities	208,225	168,961
Net Assets Available For Benefits	\$ 184,204,530	\$ 181,042,709

See notes to financial statements.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	November 30	
	2024	2023
Additions:		
Investment income:		
Net appreciation of investments	\$ 23,706,086	\$ 4,063,200
Interest income	149,569	114,717
Total Investment Income	23,855,655	4,177,917
Contributions:		
Employer	4,087,374	8,000,000
Total Contributions	4,087,374	8,000,000
Total Additions	27,943,029	12,177,917
Deductions:		
Benefits paid to participants	12,098,425	12,143,072
Purchase of annuity contract	10,792,400	-
Administrative expenses	1,890,383	1,851,087
Total Deductions	24,781,208	13,994,159
Net Increase (Decrease)	3,161,821	(1,816,242)
Net assets available for benefit:		
Beginning of the year	181,042,709	182,858,951
End of year	<u>\$ 184,204,530</u>	<u>\$ 181,042,709</u>

See notes to financial statements.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Consolidated Retirement Plan of Vitalant (Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General - The Plan is a pension plan formed to provide eligible employees of Vitalant (Company or Plan Sponsor, formerly known as Blood Systems, Inc.) with retirement benefits in accordance with Section 401(a) of the Internal Revenue Code (IRC). There are two advisory committees, appointed by the chairman of the board of directors, that manage the operation and administration of the Plan. BNY Mellon (trustee) serves as the trustee of the Plan; the Plan is administered by Aon Corporation (recordkeeper). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 30, 2017, the Blood Systems, Inc. Pension Plan (BSI Plan) and the Retirement Plan for the Institute of Transfusion Medicine and Affiliated Employers (ITxM Plan) were merged into the Plan. Effective September 24, 2018, the Plan was amended and renamed the Consolidated Retirement Plan of Vitalant.

Eligibility - Legacy Blood Centers of the Pacific Pension (BCP) Plan Participants - All employees are eligible to participate in the Plan after completing one year of eligible service, reaching age 21 and completing 1,000 hours of service.

On May 27, 2010, the Company's board of directors approved a decision to amend the Plan as of January 1, 2011. The effect of the amendment was to freeze participation as of February 28, 2011. In addition, the accrued benefit of each participant was frozen, no future accrual service will be credited and no future compensation will be taken into account for the purpose of determining a participant's accrued benefit. Further, all individuals hired (or rehired) on or after February 28, 2011, are not eligible to participate in the Plan.

Legacy BSI Plan Participants - Certain employees of Blood Systems, Inc. hired prior to 2012 were covered under the BSI Plan, a defined benefit pension plan.

The board of trustees approved a decision to amend the BSI Plan as of December 31, 2011. The amendment incorporated the freeze of all future benefit accruals for participants of the BSI Plan, including no future increases to compensation or years of service for the purpose of calculating the accrued benefits. Further, all individuals hired (or rehired) on or after December 31, 2011 are not eligible to participate in the BSI Plan.

Legacy ITxM Plan Participants - All noncollectively bargained employees and collectively bargained employees whose contracts provide for participation in the plan of ITxM and certain affiliates were covered under the ITxM Plan, a defined benefit pension plan. Employees are eligible for participation in the Plan upon attainment of age 21 and completion of one year of continuous service. Employees are 100% vested upon completion of three years of service.

The Company's board of directors approved a decision to amend the Legacy ITxM Plan. The amendment incorporated the freeze of all future benefit accruals for participants of the Legacy ITxM Plan, including no future increases to compensation or years of service for the purpose of calculating the accrued benefits, effective December 31, 2018. Further, participants transferring from the ITxM Plan to BSI Plan on or before December 31, 2018 would be eligible to receive a prorated portion of the Legacy ITxM Plan cash balance pay credit for the year.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Pension Benefits - Legacy BCP Plan Participants - The Legacy BCP portion of the Plan is a cash balance pension plan. The Plan determines the amount of each participant's pension benefit by reference to individual hypothetical pension accounts. Each participant's pension account is credited with employer credits based on a certain percentage of the participant's annual earnings. In addition, each pension account is credited with interest credits based on a fixed interest rate (5.00% in 2024 and 4.50% in 2023). These credits are allocated on the last day of the Plan year. Plan benefits are provided to participants under several types of retirement options. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including lump-sum payment options.

Legacy BSI Plan Participants - For employees eligible to participate in the Legacy BSI Plan as of December 31, 1998, their retirement benefit becomes 20% vested after completing three years of service, 40% vested after four years of service and 100% vested after five years of service. For employees who are eligible to participate in the Legacy BSI Plan on or after January 1, 1999, their retirement benefit is vested based on a five-year cliff vesting schedule. Pension benefits are provided to participants under several types of retirement options based on years of continuous service and pay. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including lump-sum payment options. The lump-sum payment option is only on the portion of the benefit accrued as of December 31, 1995. A participant meeting certain service requirements and age 55 may retire at any time prior to the normal retirement age of 65 with a proportionate reduction in annual benefits. Participants electing a late retirement may receive additional benefits as provided for in the Plan document.

Legacy ITxM Plan Participants - Prior to April 1, 2010 (January 1, 2012 for Service Employees International Union (SEIU) participants), benefits were calculated based on years of service and compensation. Effective April 1, 2010 (January 1, 2012 for SEIU participants), the Legacy ITxM Plan was amended to convert it from a traditional defined benefit plan to a cash balance plan. As part of that conversion, the benefits earned as of March 31, 2010 (December 31, 2011 for SEIU participants) were frozen and future benefits earned are in the form of cash balance credits.

Early retirement is permitted at ages 55 to 64 and completion of five years of continuous service, at reduced benefits in accordance with the Plan provisions. Cash balance benefits may be commenced at any age after termination of employment.

Married employees automatically receive their benefits in the form of joint and survivor annuities, unless they elect otherwise. The Plan provides survivor benefits for the spouse of an employee who earned a vested benefit and who dies prior to commencement of pension benefits. If employees leave before rendering three years of service, they forfeit the right to receive any benefits under the Plan.

Effective January 2016, a participant who terminates employment with a vested account balance of \$5,000 or less will receive an involuntary cash-out distribution.

Under the Legacy ITxM Cash Balance Plan, for each Plan year after March 31, 2010 (December 31, 2011 for SEIU participants) in which the member meets the cash balance service requirements, the member's cash balance account is credited with "annual compensation credits" equal to 3.2% of the member's compensation each year. For certain eligible participants, additional transition contribution credits will be provided for each year of credited service.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

“Hypothetical interest credits” are credited to each member’s account each year based on the applicable interest rate (the greater of the 30-year treasury rate or 5%) in effect at the beginning of the Plan year. Upon the member’s retirement, the balance in the member’s cash balance account may be paid in the form of an annuity or lump sum. Thus, upon retirement, a member’s benefits are calculated as the member’s frozen accrued benefit as of March 31, 2010 (December 31, 2011 for SEIU participants) plus a monthly annuity amount that is calculated based on the value of the member’s hypothetical ITxM cash balance account.

Death and Disability Benefits - Legacy BCP Plan Participants - If an active employee dies at age 62 or before, a death benefit equal to the value of the employee’s accumulated pension benefits is paid to the employee’s beneficiary. If an inactive employee dies at age 62 or before, a death benefit equal to the value of the employee’s vested pension benefit is paid to the employee’s beneficiary. Active employees who become totally disabled may take a distribution.

Legacy BSI Plan Participants - If a participant is married and dies before retirement but after becoming at least 20% vested, a death benefit is paid to the surviving spouse. A participant is considered to have retired on the day before their death (or the date they would have attained age 55, if later) and is considered to have received their benefit in the Joint and 50% Survivor Annuity form.

In calculating the death benefit, if a participant was only partially vested or was not employed by the Company at the time of death, the benefit is based on the participant’s years of service at the date of death. If the participant was fully vested and employed by the Company at the time of death, the benefit is based on years of service the participant would have had if the participant worked for the Company until they attained age 55 or actual years of service if greater. In no event will service after December 31, 2011 be included.

If a participant has at least 10 years of service when they become disabled and terminate employment as a result of a disabling medical condition, they may be eligible to receive a disability pension from the BSI Plan beginning at the normal retirement age. If a participant becomes disabled while working for the Company, has completed 10 years of service and wants to begin benefit payments before age 65, they may elect to receive a benefit under the BSI Plan’s early retirement rules beginning at age 55 or later instead of the disability benefit. If this election is taken, a participant does not receive any additional service credit after termination of employment. In no event will service after December 31, 2011 be included.

Legacy ITxM Plan Participants - For any participant who dies, a 50% qualified joint and survivor annuity is payable immediately to the surviving spouse of the participant. The benefit is calculated as if the participant retired on their date of death, except if the date of death occurs prior to the date the participant would have attained the earliest retirement age. In that case, the benefit is calculated at the earliest retirement age. There are no disability benefits provided for under the Legacy ITxM Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported (see Note 4) based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment Valuation and Income Recognition - Investments are reported at fair value, which 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. See Note 9 for a discussion of fair value measurement.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses - Administrative expenses of the Plan are paid by the Plan as provided in the Plan document and recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan Sponsor provides certain administrative services at no charge to the Plan. Certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries.

Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts are excluded from Plan assets and from accumulated plan benefits.

Subsequent Events - Plan management has evaluated subsequent events through September 12, 2025, the date the financial statements were available to be issued.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 3 - FUNDING POLICY

The Plan administrator makes contributions to the Plan based on calculations performed by an independent actuary that meet or exceed the minimum funding requirements of ERISA. These contributions and their investment earnings are maintained in a trust established pursuant to a trust agreement between the Company and the recordkeeper. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 4 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Certain assumptions underlying the actuarial computations used in the valuations for the Plan years beginning December 1, 2023 and 2022 are as follows:

All Plans

Funding method:	Standard Unit Credit Actuarial Cost Method
Rate of return/interest rate:	6.20% per annum for 2023 and 6.40% per annum for 2022, compounded annually
Mortality rates:	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for 2023 and 2022
Retirement age:	Ranges from 55-70

BCP Plan - Terminated participants with cash balance and/or employee contributions are assumed to retire at age 64 for 2023 and 2022. Terminated vested participants who have a monthly accrued benefit from one of the prior plans are assumed to retire as of the normal retirement age of the prior plan as shown in census data.

Legacy BSI Plan - Terminated participants are assumed to retire at age 64 for 2023 and 2022.

Legacy ITxM Plan - 30% of terminated participants with cash balance accounts are assumed to retire immediately upon termination and the other 70% defer to age 62 or 65 based on retirement eligibility for cash balance benefits. For participants with a final average pay benefit, 100% defer to age 62 or 65 based on retirement eligibility.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 4 - ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of December 1, 2023.

The Plan follows the presentation guideline, which allows for accumulated plan benefits to be presented as of the beginning of the year. As such, information regarding the Plan's beginning-of-the-year accumulated plan benefits are included below. Had the valuations been performed as of November 30, the actuarial value of accumulated plan benefits would have been reduced by approximately \$10,500,000 (see Note 10).

The combined actuarial present value of accumulated plan benefits as of December 1, 2023:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 103,579,970
Other participants	<u>84,773,895</u>
Total vested benefits	188,353,865
Nonvested benefits	<u>1,540,140</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 189,894,005</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended November 30, 2023 are as follows:

Actuarial present value of accumulated plan benefits as of beginning of the year	\$ 186,042,507
Increase (decrease) during the year attributable to:	
Interest accumulated	11,524,168
Assumption changes	3,870,196
Benefits paid	(12,143,072)
Benefits accrued and actuarial experience	<u>600,206</u>
Net increase	<u>3,851,498</u>
Actuarial present value of accumulated plan benefits as of end of the year	<u>\$ 189,894,005</u>

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 5 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon N.A., a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of November 30, 2024 and 2023.
- Investment income, which includes net appreciation and interest income, as shown in the statements of changes in net assets available for benefits for the years ended November 30, 2024 and 2023.
- Investments, as shown in Schedule of Assets (Held at End of Year) as of November 30, 2024.
- Investment information, as shown in Schedule of Reportable Transactions for the year ended November 30, 2024.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

NOTE 6 - PARTIES-IN-INTEREST TRANSACTIONS

A third party provides pension administration, investments consulting and actuarial services for the Plan; therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Fees paid to the recordkeeper by the Plan for services amounted to approximately \$647,000 and \$722,000 for the years ended November 30, 2024 and 2023, respectively, and are recorded in administrative expenses in the accompanying statements of changes in net assets available for benefits. Certain administrative functions are performed by employees of the Company at no cost to the Plan.

Certain Plan investments are shares in common collective trusts that are managed by the recordkeeper; therefore, these investments and related transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - TAX STATUS

The Plan received a favorable determination letter from the Internal Revenue Service (IRS), dated March 4, 2021, stating that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 7 - TAX STATUS (Continued)

U.S. GAAP requires the Plan's 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 administrator has analyzed the tax positions taken by the Plan and has concluded that, as of November 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of liability or disclosure in these financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator was notified by the Department of Labor that the Plan was selected for an examination for the period January 1, 2020 through the present. The examination is not yet finalized.

NOTE 8 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

The Plan document generally also outlines how assets of the Plan would be allocated after compliance with relevant laws and regulations governing plan terminations.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions, however the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, however a certain statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency at that time of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. It may also depend on the financial condition of the sponsor.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 9 - FAIR VALUE MEASUREMENT

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 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- 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; or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 November 30, 2024 and 2023.

Money Market Mutual Fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

Common Collective Trusts (CCT): CCTs held by the Plan at year-end are valued using NAV. Fair value has been established under the practical expedient approach and, therefore, is not assigned a level in the hierarchy table. This category includes investments in highly diversified funds designed to remain appropriate for investors in terms of risk throughout a variety of circumstances. The CCT investing in U.S. equities has a goal of matching the performance of the S&P 500 index. The CCT investing in a wide range of debt securities aims to outperform the credit benchmark over a full market cycle, while the other CCTs share the common goal of first growing and then later preserving principal and contain a mix of international equities. There are currently no redemption restrictions or unfunded commitments on these investments. Units are issued and redeemed daily at the fund's closing NAV. The NAV of a CCT is based on the market values of the underlying securities in an active market. The beneficial interest of each participant is represented in units.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

Partnership/joint venture interest (Partnership): The Partnership held by the Plan at year-end is valued using NAV. Fair value has been established under the practical expedient approach and, therefore, is not assigned a level in the hierarchy table. This category includes investments in highly diversified funds designed to remain appropriate for investors in terms of risk throughout a variety of circumstances. The Partnership invests in real estate investments formed to identify, acquire, hold, manage and dispose of real estate private equity funds for income and capital appreciation. The ability of an investor to redeem units from the Partnership is subject to the cash reserves held as a result of net income, contributions, debt and the sale of investments in the normal course of business as determined at the General Partner's discretion. Each Limited Partner has the right to elect, upon at least 60 days written notice to the General Partner, to have a portion or all of its units redeemed. There are currently no unfunded commitments on these investments. The NAV of the Partnership involves subjective judgment because the actual fair value of the underlying net assets of the real estate investments can be determined only by negotiation between two parties in a sales transaction. The beneficial interest of each participant is represented in units.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at November 30:

2024				
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	\$ 1,768,160	-	-	\$ 1,768,160
Investments measured at NAV as a practical expedient:				
Common collective trust				151,626,584
Partnership/joint venture interest				26,009,343
Total investments measured at NAV as a practical expedient				177,635,927
Total investments measured at fair value				\$ 179,404,087

CONSOLIDATED RETIREMENT PLAN OF VITALANT

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

	2023			
	Level 1	Level 2	Level 3	
Money Market Mutual Fund	\$ 2,749,992	-	-	\$ 2,749,992
Investments measured at NAV as a practical expedient:				
Common collective trust				143,582,390
Partnership/joint venture interest				30,731,088
Total investments measured at NAV as a practical expedient				174,313,478
Total investments measured at fair value				\$ 177,063,470

NOTE 10 - ANNUITY CONTRACT PURCHASE

In November 2024, the Plan entered into an agreement to purchase a Group Annuity Contract from American United Life Insurance Company (OneAmerica) in the amount of approximately \$10,792,000. Upon payment, which was recorded as distribution for purchase of annuity contract in the 2024 statement of changes in net assets available for benefits, OneAmerica assumed the obligation to make future annuity payments to certain Company retirees. This group annuity contract provides no investment income and will be excluded from the Plan assets effective November 22, 2024. The impact of the annuity contract purchase and receipt will be included in the valuation of the accumulated plan benefits for the Plan year beginning December 1, 2024.

SUPPLEMENTARY INFORMATION

CONSOLIDATED RETIREMENT PLAN OF VITALANT

EIN: 86-0098929

PLAN NUMBER: 010

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

(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
	Townsend Holdings	Partnership/Joint Venture Interest: TOWNSEND RE FUND-E LP	\$ 22,565,888	\$ 26,009,343
		Common / Collective Trusts:		
*	Aon Collective Investment Trust	LONG CR BD	36,976,680	35,742,345
*	Aon Collective Investment Trust	AON LARGE CAP EQUITY INDEX	16,837,255	30,910,678
*	Aon Collective Investment Trust	NISA ULTRA LONG TREASURY CIF	24,607,529	27,002,019
*	Aon Collective Investment Trust	AON NON-US EQUITY INDEX	14,293,319	18,638,241
*	Aon Collective Investment Trust	AON ENHANCED LIABILITY DRIVEN INVESTING FUND	17,000,000	16,584,696
*	Aon Collective Investment Trust	AON MULTI ASSET CREDIT FUND	6,712,712	7,951,003
*	Aon Collective Investment Trust	AON SMALL CAP EQUITY INDEX	3,299,394	5,294,043
*	Aon Collective Investment Trust	NISA ULTRA MID TREASURY CIF	3,132,976	3,635,805
*	Aon Collective Investment Trust	AON OPPORTUNISTIC CREDIT PORTFOLIO SP	1,623,061	1,993,525
*	Aon Collective Investment Trust	AON HIGH YIELD PLUS CL I	1,657,009	1,759,536
*	Aon Collective Investment Trust	INTERMEDIATE CR BD	643,195	677,316
*	Aon Collective Investment Trust	20+ YR US TREAS STRIPS	552,444	468,608
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	354,136	355,632
*	Aon Collective Investment Trust	MID DURATION LONG CR BD	245,857	284,710
*	Aon Collective Investment Trust	AON GLOBAL REAL ESTATE CL I	182,336	216,226
*	Aon Collective Investment Trust	AON US LONG GOVERNMENT INDEX	115,028	112,201
		Total Common / Collective Trusts	128,232,931	151,626,584
	JP Morgan	Money Market Mutual Fund: JP MORGAN US GOVT MM INST	1,768,160	1,768,160
		Total Investments	<u>\$ 152,566,979</u>	<u>\$ 179,404,087</u>

* Party-in-interest.

See independent auditor's report.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

EIN: 86-0098929

PLAN NUMBER: 010

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Cost of Asset	(g) Current Value	(h) Net (Loss) or Gain
<u>Single transactions greater than 5% of net assets in the aggregate:</u>						
* Aon Collective Investment Trust	LONG CR BD	-	\$ 10,000,000	\$ 10,646,429	\$ 10,000,000	\$ (646,429)
JP Morgan	JP MORGAN US GOVT MM INST 3915	-	10,792,400	10,792,400	10,792,400	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	\$ 21,500,000	-	21,500,000	21,500,000	-
<u>Series of transactions greater than 5% of net assets in the aggregate:</u>						
* Aon Collective Investment Trust	LONG CR BD	-	17,400,000 (a)	18,491,221	17,400,000	(1,091,221)
JP Morgan	JP MORGAN US GOVT MM INST 3915	24,576,467 (b)	-	24,576,467	24,576,467	-
JP Morgan	JP MORGAN US GOVT MM INST 3915	-	25,558,299 (c)	25,558,299	25,558,299	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	26,150,000 (d)	-	26,150,000	26,150,000	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	-	2,700,000 (e)	2,542,471	2,700,000	157,529

* Party-in-interest.

(a) Represents three sales transactions.

(b) Represents 53 purchase transactions.

(c) Represents 31 sales transactions.

(d) Represents four purchase transactions.

(e) Represents three sales transactions.

See independent auditor's report.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, line 26a — Schedule of Active Participant Data
as of December 1, 2023

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			3							
30-34			14	3						
35-39			10	17	33	3				
40-44		4	6	12	75	42	1			
45-49			7	18	64	44	22	1		
50-54		6	6	12	47	47	36	21	1	
55-59		3	9	19	37	30	28	23	6	3
60-64		1	10	11	48	32	21	14	16	11
65-69			9	13	13	10	8		3	5
70+			1	3	4	4	3	2		1

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Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Active Participants with Cash Balance Account

Number of Participants and Average Cash Balance Account

Attained	Years of Credited Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			3							
30-34			14	2						
35-39			9	7	10					
40-44		1	6	6	20 \$17,520	11				
45-49			7	12	14	16	6			
50-54		1	6	4	16	18	10	4		
55-59		1	9	10	14	8	11	12	1	1
60-64			10	4	18	14	9	6	7	5
65-69			9	8	4	4	6			3
70+			1	1	1	4	2	1		1

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Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Active Participants with Frozen Accrued Benefits

Number of Participants and Average Accrued Benefit

Attained	Years of Credited Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39			1	10	23 \$2,121	3				
40-44		3		6	55 \$2,514	31 \$5,767	1			
45-49				6	50 \$3,146	28 \$6,415	16	1		
50-54		5		8	31 \$3,228	29 \$5,674	26 \$9,982	17	1	
55-59		2		9	23 \$3,798	22 \$7,415	17	11	5	2
60-64		1		7	30 \$3,910	18	12	8	9	6
65-69				5	9	6	2		3	2
70+				2	3		1	1		

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Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.33%
Cash Balance Interest Crediting Rate	
Blood Centers	4.00%
ITxM	5.00%
Employee Contributions Interest Crediting Rate	5.00% (Blood Centers only)
Optional Payment Form Election Percentage	
Blood Centers	70% elect a lump sum 30% elect a single life annuity
Blood Systems — Benefits Accrued as of December 31, 1995	60% elect a lump sum 40% elect a single life annuity
Blood Systems — Benefits Accrued After December 31, 1995	100% elect a single life annuity
ITxM — Cash Balance Benefit	70% elect a lump sum 30% elect a single life annuity
ITxM — Final Average Pay Benefit	100% elect a single life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	
Blood Centers	40% commence immediately upon termination and 60% defer to age 64 based on retirement eligibility for cash balance and/or employee contributions. Terminated vested participants who have a monthly accrued benefit from one of the prior plans are assumed to retire as of the normal retirement age of the prior plan as shown in the census data.
Blood Systems	Age 64
ITxM	30% commence immediately upon termination and 70% defer to age 62 or 65 based on retirement eligibility for cash balance benefit 100% defer to age 62 or age 65 based on retirement eligibility for final average pay benefit

Mortality Rates

Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
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Withdrawal Rates

See Table 2

Disability Rates

See Table 3 (none assumed for Blood Centers)

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

Blood Centers	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Blood Systems	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
ITxM	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year	5.40%
2022 Plan Year	5.92%
2023 Plan Year	5.74%

Trust Expenses Included in Target Normal Cost

\$1,782,000. The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.

Actuarial Method

Standard unit credit cost method

Census Data

December 1, 2023

Valuation Date

December 1, 2023

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	7.50%
57	7.50%
58	7.50%
59	5.00%
60	5.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65	30.00%
66	25.00%
67	25.00%
68	15.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
16	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
17	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
18	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
19	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
20	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
21	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
22	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
23	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
24	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
25	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
26	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
27	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
28	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
29	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%
30	30.00%	30.00%	20.00%	20.00%	20.00%	13.00%
31	30.00%	30.00%	20.00%	20.00%	20.00%	12.00%
32	30.00%	30.00%	20.00%	20.00%	20.00%	12.00%
33	30.00%	30.00%	20.00%	20.00%	20.00%	11.00%
34	30.00%	30.00%	20.00%	20.00%	20.00%	11.00%
35	30.00%	30.00%	20.00%	20.00%	20.00%	11.00%
36	30.00%	30.00%	20.00%	20.00%	20.00%	10.00%
37	30.00%	30.00%	20.00%	20.00%	20.00%	10.00%
38	30.00%	30.00%	20.00%	20.00%	20.00%	10.00%
39	30.00%	30.00%	20.00%	20.00%	20.00%	10.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 2 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
40	30.00%	30.00%	20.00%	20.00%	20.00%	10.00%
41	30.00%	30.00%	20.00%	20.00%	20.00%	9.00%
42	30.00%	30.00%	20.00%	20.00%	20.00%	9.00%
43	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
44	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
45	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
46	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
47	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
48	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
49	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
50	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
51	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
52	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
53	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
54	30.00%	30.00%	20.00%	20.00%	20.00%	8.00%
55+	30.00%	30.00%	20.00%	20.00%	20.00%	0.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Table 3

Disability Rates—Blood Systems and ITxM

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

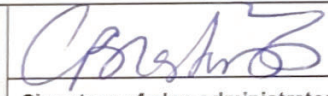
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report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

1a Name of plan CONSOLIDATED RETIREMENT PLAN OF VITALANT	1b Three-digit plan number (PN) ▶ 010
	1c Effective date of plan 02/01/1975
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) VITALANT 9305 E. VIA DE VENTURA SCOTTSDALE AZ 85258	2b Employer Identification Number (EIN) 86-0098929
	2c Plan Sponsor's telephone number 480-675-5567
	2d Business code (see instructions) 621900

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 	<u>9/15/2025</u>	CAROLE BRAITHWAITE
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 (2023)
v. 2300728

CONSOLIDATED RETIREMENT PLAN OF VITALANT

EIN: 86-0098929

PLAN NUMBER: 010

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Cost of Asset	(g) Current Value	(h) Net (Loss) or Gain
<u>Single transactions greater than 5% of net assets in the aggregate:</u>						
* Aon Collective Investment Trust	LONG CR BD	-	\$ 10,000,000	\$ 10,646,429	\$ 10,000,000	\$ (646,429)
JP Morgan	JP MORGAN US GOVT MM INST 3915	-	10,792,400	10,792,400	10,792,400	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	\$ 21,500,000	-	21,500,000	21,500,000	-
<u>Series of transactions greater than 5% of net assets in the aggregate:</u>						
* Aon Collective Investment Trust	LONG CR BD	-	17,400,000 (a)	18,491,221	17,400,000	(1,091,221)
JP Morgan	JP MORGAN US GOVT MM INST 3915	24,576,467 (b)	-	24,576,467	24,576,467	-
JP Morgan	JP MORGAN US GOVT MM INST 3915	-	25,558,299 (c)	25,558,299	25,558,299	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	26,150,000 (d)	-	26,150,000	26,150,000	-
NISA Investment Advisors, LLC	NISA ULTRA LONG TREASURY CIF	-	2,700,000 (e)	2,542,471	2,700,000	157,529

* Party-in-interest.

(a) Represents three sales transactions.

(b) Represents 53 purchase transactions.

(c) Represents 31 sales transactions.

(d) Represents four purchase transactions.

(e) Represents three sales transactions.

See independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Consolidated Retirement Plan of Vitalant</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Vitalant</u>	D Employer Identification Number (EIN) <u>86-0098929</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	<u>180,896,915</u>	
b Actuarial value	2b	<u>196,158,390</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>937</u>	<u>113,558,901</u>	<u>113,558,901</u>
b For terminated vested participants.....	<u>1,473</u>	<u>51,663,773</u>	<u>51,663,773</u>
c For active participants.....	<u>956</u>	<u>42,593,012</u>	<u>44,425,774</u>
d Total	<u>3,366</u>	<u>207,815,686</u>	<u>209,648,448</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	<u>5.26 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>1,782,000</u>	
c Target normal cost.....	6c	<u>1,782,000</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Mengshu Wang</u> <u>M.W.</u>	<u>09/08/2025</u>
Signature of actuary		Date
<u>Mengshu Wang</u>		<u>2308451</u>
Type or print name of actuary		Most recent enrollment number
<u>Aon Consulting, Inc.</u>		<u>847-295-5000</u>
Firm name		Telephone number (including area code)
<u>MSC# 17755 P0 Box 551343</u>		
<u>Atlanta GA 30355</u>		
Address of the firm		

Part II	Beginning of Year Carryover and Prefunding Balances
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	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2,349,779
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2,349,779
10 Interest on line 9 using prior year's actual return of <u>2.26</u> %.....	0	53,105
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1,680,073
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %.....		91,228
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		1,771,301
d Portion of (c) to be added to prefunding balance.....		1,770,744
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	4,173,628

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	91.57 %
15	Adjusted funding target attainment percentage	15	91.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2025	4,000,000	0			
Totals ►			18(b)	4,000,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	3,665,395

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.00 %3rd segment:
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 4**22** Weighted average retirement age **22** 62**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 1,782,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	17,663,686	1,634,102
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 3,416,102

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,975,628	1,975,628

36 Additional cash requirement (line 34 minus line 35) **36** 1,440,474**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 3,665,395**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 2,224,921**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 1,975,628**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

		Days to Discount to 12/1/2023 at 5.26%	Interest Adjusted Contribution
Date	Amount		
August 15, 2025	<u>\$4,000,000</u>	623	<u>\$3,665,395</u>
Total Contribution	\$4,000,000		\$3,665,395

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	7.50%	0.9000	3.78
57	7.50%	0.8325	3.56
58	7.50%	0.7701	3.35
59	5.00%	0.7123	2.10
60	5.00%	0.6767	2.03
61	15.00%	0.6429	5.88
62	15.00%	0.5464	5.08
63	15.00%	0.4645	4.39
64	15.00%	0.3948	3.79
65	30.00%	0.3356	6.54
66	25.00%	0.2349	3.88
67	25.00%	0.1762	2.95
68	15.00%	0.1321	1.35
69	30.00%	0.1123	2.32
70	100.00%	0.0786	5.50
Weighted Average			62.00

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, line 26b — Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	1,706,530	4,388,619	10,366,727	16,461,876
2024	1,465,588	1,700,968	10,240,740	13,407,296
2025	1,720,431	2,060,562	10,081,365	13,862,358
2026	1,924,900	2,261,393	9,884,876	14,071,169
2027	2,178,384	2,592,754	9,672,953	14,444,091
2028	2,439,619	2,543,284	9,449,174	14,432,077
2029	2,547,175	2,606,422	9,200,001	14,353,598
2030	2,700,965	2,691,505	8,925,165	14,317,635
2031	2,767,179	2,672,700	8,622,591	14,062,470
2032	2,876,756	3,522,011	8,309,055	14,707,822
2033	3,041,433	3,078,203	7,975,572	14,095,208
2034	3,166,718	3,274,113	7,621,985	14,062,816
2035	3,161,301	3,601,267	7,247,844	14,010,412
2036	3,310,955	3,525,951	6,854,713	13,691,619
2037	3,422,139	3,552,603	6,444,690	13,419,432
2038	3,449,898	3,765,623	6,020,451	13,235,972
2039	3,588,803	3,689,147	5,585,254	12,863,204
2040	3,622,876	3,907,115	5,142,897	12,672,888
2041	3,494,767	3,891,484	4,697,655	12,083,906
2042	3,577,253	4,117,669	4,254,195	11,949,117
2043	3,470,318	3,887,444	3,817,460	11,175,222
2044	3,429,608	3,930,652	3,392,504	10,752,764
2045	3,294,279	3,720,366	2,984,318	9,998,963
2046	3,208,703	3,640,282	2,597,587	9,446,572
2047	3,233,132	3,750,999	2,236,435	9,220,566
2048	3,031,276	3,476,495	1,904,217	8,411,988
2049	2,912,807	3,371,742	1,603,353	7,887,902
2050	2,752,568	3,075,781	1,335,227	7,163,576
2051	2,603,019	3,022,049	1,100,123	6,725,191
2052	2,396,132	2,916,830	897,345	6,210,307
2053	2,267,221	2,664,858	725,331	5,657,410
2054	2,109,490	2,533,975	581,819	5,225,284
2055	1,949,390	2,302,717	464,057	4,716,164
2056	1,795,759	2,124,488	368,977	4,289,224
2057	1,647,881	1,974,406	293,398	3,915,685

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	1,503,988	1,807,000	234,187	3,545,175
2059	1,369,033	1,660,604	188,401	3,218,038
2060	1,239,270	1,519,090	153,381	2,911,741
2061	1,117,524	1,382,992	126,799	2,627,315
2062	1,001,778	1,252,769	106,688	2,361,235
2063	893,098	1,128,806	91,436	2,113,340
2064	791,518	1,011,411	79,760	1,882,689
2065	697,033	900,841	70,667	1,668,541
2066	609,768	797,298	63,410	1,470,476
2067	529,637	700,926	57,445	1,288,008
2068	456,570	611,825	52,383	1,120,778
2069	390,430	530,048	47,956	968,434
2070	331,028	455,575	43,983	830,586
2071	278,131	388,304	40,347	706,782
2072	231,463	328,068	36,977	596,508

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Effective December 30, 2017, the Blood Systems Plan and the ITxM Plan were merged into the Blood Centers Plan. The plan was renamed the Consolidated Retirement Plan of Blood Systems, Inc. and was amended and restated effective December 1, 2017. The plan was renamed again as of December 31, 2018 to the Consolidated Retirement Plan of Vitalant.

Blood Centers of the Pacific Pension Plan

Effective Date	Amended and restated effective December 1, 2019. Most recent amendment dated November 16, 2021.
2021 Amendment	The plan was amended to allow the transfer of assets and liabilities for certain retirees to an insurance company on November 19, 2021.
2018 Amendment	The plan was amended to allow in-service distributions beginning at Normal Retirement Date effective January 1, 2019.
Eligibility for Participation	All employees except collectively-bargained employees (other than those who are granted participation by a collective bargaining agreement) or leased employees who have attained age 21 with one year of service. The plan is frozen to new hires after February 28, 2011.
Annual Earnings	W-2 pay paid during the calendar year including section 403(b) and section 125 deferrals. Overtime, bonuses, shift differentials, fringe benefits, traveling expenses and all other forms of extra compensation shall not be included.
Pension Account Balance	The individual account comprised of the prior plan credit, employer credits and interest credits.
Prior Plan Credit	The accrued benefit under prior plan Irwin or prior plan Peninsula converted to a lump sum on December 31, 1997.
Employer Credit	For each plan year for which a participant does not have a break in service, the amount allocated and credited to an eligible participant's account for a plan year on the last day of each plan year will be an amount equal to 9.00% of each eligible participant's annual earnings. Effective February 28, 2011, employer credits are frozen.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Interest Credit

For each plan year up to the commencement of a participant's full benefits, an Interest Credit will be added annually during a plan year on the last day of such period to each such participant's account in an amount equal to the lesser of 6.00% or the December 30-year Treasury rate, multiplied by the amount of the participant's account at the beginning of the period.

Irwin Employee Contribution Account

The individual account for a participant's required contributions under section 1.15 of prior plan Irwin, which is credited with interest compounded annual at 120% of the Federal mid-term rate for the first month of the plan year.

Normal Retirement

Eligibility

Age 62.

Benefit

The pension account balance is paid as a monthly single life annuity for single participants or a 50% qualified joint and survivor annuity for married participants.

For participants with a prior plan credit and a prior plan Irwin employee contribution account, the pension account balance and prior plan Irwin employee contribution account is payable as a single life annuity with modified cash refund for single participants or a 50% qualified joint and survivor annuity with modified cash refund for married participants.

Vested Termination

Eligibility

Three years of vesting service.

Benefit

The pension account balance and prior plan Irwin employee contribution account is payable upon termination of employment.

Disability

Eligibility

Disabled and receiving Social Security disability benefits or disability payments under a long-term disability plan sponsored by the employer.

Benefit

Disabled participants shall receive a distribution of their pension account balance and prior plan Irwin employee contribution account, payable immediately upon proof of disability.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
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Surviving Spouse

Eligibility

Death while eligible for normal, disability or deferred vested retirement benefits, with a surviving spouse or beneficiary.

Benefit

The pension account balance and prior plan Irwin employee contribution account determined as of the last day of the month in which death occurs, is payable immediately.

Optional Forms of Annuity

Lump sum;

Life annuity or 50% joint survivor annuity with full cash refund;

75% joint and survivor annuity.

For Those with a Prior Plan Credit

Life annuity (prior plan Peninsula only);

Term certain and life annuity with modified cash refund;

100% and 50% contingent annuity with modified cash refund.

Actuarial Equivalence

The actuarial equivalence basis is 7% interest and the 1983 GAM Mortality Table, blended 50% each for males and females.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Blood Systems, Inc. Pension Plan

Effective Date	January 1, 1979. Amended and restated effective January 1, 2014. Most recent amendment signed December 18, 2018.
2018 Terminated Vested Lump Sum Window	The plan was amended to allow certain terminated vested participants that terminated prior to January 1, 2018 the ability to elect a lump sum distribution if the election was made during the 2018 window period.
2018 Amendment	The plan was amended to allow in-service distributions beginning at Normal Retirement Date effective January 1, 2019.
Eligibility for Participation	An employee shall become a participant in this plan on the January 1 or July 1 coincident with or next following the date he attains age 21 and completes one year of service. The plan is frozen to new hires after January 1, 2012.
Normal Retirement	
Eligibility	Age 65 and five years of service.
Benefit	A monthly amount equal to (1) plus (2) minus (3):
	(1) 1.75% of average final compensation times years of service, up to a maximum of 30 years;
	(2) 0.50% of average final compensation times years of service in excess of 30 years;
	(3) 0.48% of offset compensation times years of service up to a maximum of 30 years.
	Benefit accruals were frozen effective December 31, 2011.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that early retirement precedes age 65.
	Participants that have completed 25 years of service shall have their normal retirement benefit reduced by 5% for each year that early retirement precedes age 62.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
EIN: 860098929 PN: 010

Late Retirement

Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Vested Termination

Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability

Eligibility	Disabled with 10 years of service and receives a determination from the Social Security Administration for entitlement of Social Security disability benefits within one year of termination.
Benefit	The accrued benefit based on average final compensation at disability and years of service that would have been credited if the participant had remained employed until age 65, payable at normal retirement age.

Surviving Spouse

Eligibility	Married and eligible for a vested benefit.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Consolidated Retirement Plan of Vitalant
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Optional Forms of Annuity

Single life annuity;
10-year certain and life annuity;
100% joint and survivor annuity;
75% joint and survivor annuity;
50% joint and survivor annuity;
Level income annuity;
Lump sum (for benefits earned through
December 31, 1995).

Actuarial Equivalence

1971 GAM Mortality Table for males, set back three years
for participants and four years for beneficiaries and 6%
interest rate.

Definitions

Average Final Compensation

Average compensation paid for the highest consecutive
60 months out of the last 120 months preceding
retirement or termination. Compensation after
December 31, 2011 is disregarded.

Offset Compensation

The lesser of compensation averaged over the 36
consecutive months immediately preceding the current
plan year or Social Security covered compensation.
Compensation after December 31, 2011 is disregarded.

Year of Service

A full year of service is earned if the employee works
1,000 or more hours in one plan year. Service after
December 31, 2011 is disregarded.

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Retirement Plan of the Institute for Transfusion Medicine and
Affiliated Employers

Effective Date	Amended and restated effective January 1, 2014. Most recent amendment signed December 18, 2018.
2018 Plan Freeze	The ITxM portion of the Consolidated Retirement plan of Vitalant (Appendix C) was frozen effective December 31, 2018.
2017 Terminated Vested Lump Sum Window	The plan was amended to allow certain terminated vested participants that terminated prior to January 1, 2017 the ability to elect a lump sum distribution of the final average pay benefit if the election was made during the 2017 window period.
Covered Employees	All employees except collectively-bargained employees (other than those who are granted participation by a collective bargaining agreement) or leased employees.
Participation Date	All eligible employees who have attained age 21 with one year of service. When a participant transfers to become a Vitalant employee, they become an inactive participant in the ITxM Plan. The plan was closed and frozen as of December 31, 2018.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year during which the employee works at least 1,000 hours.
Pensionable Pay	W-2 pay paid during the calendar year including section 402(g)(3), section 125, section 132(F)(4) and section 457 deferrals. Any compensation paid under the long-term incentive program shall not be included.

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Frozen Accrued Benefit

For these purposes the frozen accrued benefit hereunder will only be applicable for each participant who had an accrued benefit under the plan as in effect on the fresh-start date. The participant's frozen accrued benefit will be the actuarial equivalent of the participant's annual accrued benefit as determined under the plan on the fresh-start date. The fresh-start date is April 1, 2010 for non-SEIU participants and is January 1, 2012 for SEIU participants. For any participant who had an accrued benefit in the plan as of the fresh start date, such participant's frozen accrued benefit will remain as an annuity (subject to the normal form of distribution and any optional forms of distribution) determined under the terms of the plan in effect on the day immediately preceding the fresh-start date.

Contribution Credit

For each plan year beginning with the plan year within which the fresh-start date occurs, the amount allocated and credited to an eligible participant's hypothetical account for a plan year on the last day of each plan year will be an amount equal to 3.2% of each eligible participant's compensation. There will be no further contribution credits to an eligible participant's hypothetical account beyond a participant's retirement, death, disability, or termination of employment. Additionally, contribution credits cease when a person transfers to become a Vitalant employee.

Transition Contribution Credits

For certain participants, who had attained age 50 but not yet attained age 60 and had completed 10 years of service as of the fresh-start date, additional transition credits are provided in addition to the contribution credit. The annual transition contribution credit is listed by employee ID in Appendix B to the plan document. Transition credits cease when a person transfers to become a Vitalant employee.

Interest Credit

For each plan year up to the commencement of a participant's full benefits, an interest credit will be added annually during a plan year on the last day of such period to each such participant's hypothetical account in an amount equal to the December 30-year Treasury rate, multiplied by the amount of the participant's hypothetical account at the beginning of the period. In no event will the annual rate used to determine the interest credit to a participant's hypothetical account be less than 5%.

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Accrued Benefit	The benefit payable at normal retirement equal to the sum of the frozen accrued benefit plus the actuarial equivalent of the hypothetical account.
Monthly Preretirement Death Benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for early payment.
Eligibility for Benefit	
Normal Retirement	Age 65 or the fifth anniversary of employment, if later.
Early Retirement	Age 55 and five years of vesting service.
Postponed Retirement	Retirement after the participant's normal retirement date.
Vested Termination	Termination for reasons other than death or retirement after completing three years of vesting service.
Preretirement Death Benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Benefits Paid Upon the Following Events	
Normal Retirement Benefit	The accrued benefit is paid as a monthly single life annuity for single participants or a 50% qualified joint and survivor annuity for married participants.
Early Retirement Benefit	The accrued benefit is reduced by 1/180 for the first 60 months and 1/360 for each of the next 60 months that early retirement precedes age 65.
Postponed Retirement	If the suspension of benefits notice was provided timely, then the monthly pension benefit determined as of the actual retirement date. If the suspension of benefits notice was not provided timely, then the accrued benefit will be the greater of the monthly pension benefit determined as of actual retirement date or the actuarial equivalent of the age 65 accrued benefit.
Vested Termination	The frozen accrued benefit is not payable until the participant is eligible for early or normal retirement. The hypothetical account balance is payable upon termination of employment.
Preretirement Death	A 50% qualified joint and survivor annuity is payable immediately to the surviving spouse calculated as if the participant retired on his/her date of death, except if the date of death occurs prior to the date the participant would have attained the earliest retirement age the benefit is calculated at the earliest retirement age.

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Other Plan Provisions

Optional Forms of Payment

Preretirement death benefits are payable only as described above, except the hypothetical account may be paid as a lump sum. The actuarial equivalence basis is 5% interest and the mortality prescribed by Revenue Ruling 2001-62.

Retirement and termination benefits are payable as:

- (1) Single life annuity
- (2) 50%, 75% or 100% joint and survivor annuity
- (3) Lump sum (hypothetical account only)

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

CONSOLIDATED RETIREMENT PLAN OF VITALANT

EIN: 86-0098929

PLAN NUMBER: 010

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

(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
	Townsend Holdings	Partnership/Joint Venture Interest: TOWNSEND RE FUND-E LP	\$ 22,565,888	\$ 26,009,343
		Common / Collective Trusts:		
*	Aon Collective Investment Trust	LONG CR BD	36,976,680	35,742,345
*	Aon Collective Investment Trust	AON LARGE CAP EQUITY INDEX	16,837,255	30,910,678
*	Aon Collective Investment Trust	NISA ULTRA LONG TREASURY CIF	24,607,529	27,002,019
*	Aon Collective Investment Trust	AON NON-US EQUITY INDEX	14,293,319	18,638,241
*	Aon Collective Investment Trust	AON ENHANCED LIABILITY DRIVEN INVESTING FUND	17,000,000	16,584,696
*	Aon Collective Investment Trust	AON MULTI ASSET CREDIT FUND	6,712,712	7,951,003
*	Aon Collective Investment Trust	AON SMALL CAP EQUITY INDEX	3,299,394	5,294,043
*	Aon Collective Investment Trust	NISA ULTRA MID TREASURY CIF	3,132,976	3,635,805
*	Aon Collective Investment Trust	AON OPPORTUNISTIC CREDIT PORTFOLIO SP	1,623,061	1,993,525
*	Aon Collective Investment Trust	AON HIGH YIELD PLUS CL I	1,657,009	1,759,536
*	Aon Collective Investment Trust	INTERMEDIATE CR BD	643,195	677,316
*	Aon Collective Investment Trust	20+ YR US TREAS STRIPS	552,444	468,608
*	Aon Collective Investment Trust	AON US INTERMEDIATE GOVERNMENT	354,136	355,632
*	Aon Collective Investment Trust	MID DURATION LONG CR BD	245,857	284,710
*	Aon Collective Investment Trust	AON GLOBAL REAL ESTATE CL I	182,336	216,226
*	Aon Collective Investment Trust	AON US LONG GOVERNMENT INDEX	115,028	112,201
		Total Common / Collective Trusts	128,232,931	151,626,584
	JP Morgan	Money Market Mutual Fund: JP MORGAN US GOVT MM INST	1,768,160	1,768,160
		Total Investments	<u>\$ 152,566,979</u>	<u>\$ 179,404,087</u>

* Party-in-interest.

See independent auditor's report.

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,703,603	December 1, 2022	14	\$ 355,628
Shortfall	\$ 13,960,083	December 1, 2023	15	\$ 1,278,474

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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected rate of return on assets from 6.90 percent to 6.70 percent
- A change in the cash balance interest crediting rate assumption for BCP from 3.50 percent to 4 percent.
- A change in the employee contributions interest crediting rate assumption for BCP from 4.50 percent to 5.00 percent.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.