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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN)
11-3032786

2c Plan Sponsor's telephone number
212-403-7544

2d Business code (see instructions)
541519

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.	08/05/2021	STUART GOTTLIEB
	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

SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN: 11-3032786

3c Administrator's telephone number: 212-403-7544

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**	345
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	180
a(2) Total number of active participants at the end of the plan year	**6a(2)**	147
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	166
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	313
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	313
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	230
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 3D

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

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☒	1	**A** (Insurance Information)
(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	GH3442	230	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
35891	7023

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

NYLIFE SECURITIES LLC
51 MADISON AVENUE
ROOM 251
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
35891			3

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

ASSOCIATED PENSION CONSULTANTS, INC
111 EXPRESS STREET
SUITE 200W
PLAINVIEW, NY 11803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	7023	TPA PARTNERSHIP PROGRAM	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1855578
5	Current value of plan's interest under this contract in separate accounts at year end	5	14951630

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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

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

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

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

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

b	Balance at the end of the previous year			7b	950519
c	Additions: (1) Contributions deposited during the year	7c(1)	66712		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	29389		
	(4) Transferred from separate account	7c(4)	826427		
	(5) Other (specify below)	7c(5)	1280		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	923808
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1874327
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18585		
	(2) Administration charge made by carrier	7e(2)	132		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	31		
	▶ LOAN DISBURSEMENT				
	(5) Total deductions			7e(5)	18748
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1855579

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
SHARP DECISIONS, INC. 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SHARP DECISIONS, INC.	11-3032786

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUI
PO BOX 990067
HARTFORD, CT 06199

71-0294708

(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)

VOYA RETIREMENT INSURANCE AND ANNUI

PO BOX 990067
HARTFORD, CT 06199

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	7278	Yes [ ] No [X]

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	7278	Yes [ ] No [X]

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

WAGNER, FERBER, FINE AND ACKERMAN

11-1000111

(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?
99	AUDITOR	6375	Yes [ ] No [X]	Yes [ ] No [ ]		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)

(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 ☐

(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

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

(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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

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)
71-0294708-000	P	14951630

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	80843	60606
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	13468495	14951630
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	950519	1855578
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	14499857	16867814
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14499857	16867814

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)	0	
	(B) Participants	2a(1)(B)	912443	
	(C) Others (including rollovers)	2a(1)(C)	4231	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		916674
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	4994	
	(F) Other	2b(1)(F)	29389	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34383
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2383904
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		11644
d Total income. Add all **income** amounts in column (b) and enter total	2d		3346605
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	967973	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		967973
f Corrective distributions (see instructions)	2f		2320
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	8355	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8355
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		978648
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2367957
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)** [X] 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) [X] 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: WAGNER, FINE & ACKERMAN, PLLC **(2)** EIN: 11-3061778

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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.)	4a		X	

			Yes	No	Amount
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.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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): 71-0294708

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

SHARP DECISIONS, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

SHARP DECISIONS, INC. 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

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Wagner, Ferber, Fine & Ackerman PLLC
Certified Public Accountants & Business Advisors

66 South Tyson Avenue
Floral Park, NY 11001
(516) 328-3800
Fax (516) 488-4695
www.wffacpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Sharp Decisions, Inc. 401(k) Plan
New York, NY 10018-3803

Report on the Financial Statements.
We were engaged to audit the accompanying financial statements of Sharp Decisions, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The VOYA Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

New York City Office | 237 West 35th Street | Suite 1001 | New York, NY 10001 | (212) 576-1829 | Fax (212) 564-7530

INDEPENDENT AUDITORS' REPORT *(Continued)*

Disclaimer of Opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter
The supplemental Schedule of Assets held at December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Floral Park, New York
August 4, 2021

SHARP DECISIONS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2020	December 31, 2019
Assets		
Investments - at fair value	$ 14,951,630	$ 13,468,495
Investment - at contract value	1,855,578	950,519
Notes receivable from participants	60,606	80,843
Total assets available for benefits	$ 16,867,814	$ 14,499,857

LIABILITIES

Liabilities		
Excess contribution payable	$ 31,738	$ 2,320
Total liabilities	31,738	2,320
Net assets available for plan benefits	$ 16,836,076	$ 14,497,537

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

SHARP DECISIONS, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Years Ended December 31,	
	2020	2019
Additions to plan assets attributed to		
Net appreciation in fair value of investments	$ 2,383,904	$ 2,649,657
Interest income on notes receivable from participants	4,994	5,062
Interest income - guaranteed interest account	29,389	29,626
Other income	11,644	6,330
Contributions		
Participant contributions	861,433	894,194
Rollovers	4,231	55,648
Roth	51,010	19,156
Total additions	3,346,605	3,659,673
Deductions from net assets attributable to		
Benefits paid	956,990	823,404
Deemed distribution of participants loans	10,983	52,241
Corrective distributions	31,738	2,320
Administrative expenses	8,355	2,455
Total deductions	1,008,066	880,420
Net increase	2,338,539	2,779,253
Net assets available for plan benefits - beginning	14,497,537	11,718,284
Net assets available for plan benefits - ending	$ 16,836,076	$ 14,497,537

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

SHARP DECISIONS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF PLAN

The Sharp Decisions, Inc. 401(k) Plan, (the "Plan") was established effective January 1, 1993, by Sharp Decisions, Inc., (the "Sponsor"). On February 29, 2016, the Sponsor completed an asset purchase agreement with CN-Tec, LLC and CN-Tec Colorado, LLC ("The TEC Group") that is effective March 1, 2016. As a result of this purchase, the Sponsor approved an amendment so that all eligible employees of The TEC Group employed on February 29, 2016 are eligible to participate in the Plan as of March 1, 2016. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA").

Eligibility

The Plan is a defined contribution plan covering all employees who have completed thirty days of service and who attained the age of twenty-one.

Plan Contributions

Participants may elect to contribute up to 100% of pre-tax annual compensation, as defined in the Plan. The elective deferrals for any calendar year cannot exceed the annual dollar limit permitted by law. The Sponsor does not make matching contributions to the Plan. Participants may also make after-tax salary deferrals to their Roth account. In addition, a participant who is at least age 50 and who has reached a limit on their annual deferral contributions may elect to defer an additional "catch-up" contribution of $6,500 and $6,000 for 2020 and 2019, respectively.

Excess Contributions

Contributions in excess of the Internal Revenue Code ("IRC") limitations are refunded to the participants in the year the corrective refund is made.

Participant Accounts

The Plan is a participant-directed account plan. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' accounts are credited with participant contributions and rollovers. Plan earnings and administrative expenses are allocated based upon a participant's account balance in proportion to the balances of all participants' accounts, as defined.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Notes Receivable from Participants *(See Note 2)*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum which is equal to the lesser of $50,000 or 50% of the participants account balance. The notes are treated as a participant directed investment and are only made for hardship and financial necessity. The notes are secured by the participant's vested funds and, except for notes used to acquire a principal residence, must have a repayment period of no greater than five years. The notes are made at a reasonable rate of interest that a bank or other professional lender would charge for making a note in a similar circumstance. The interest rate for the notes outstanding during 2020 and 2019 ranged from 4.75% to 7.0%. Principal and interest are paid biweekly through payroll deductions. Repayment of the entire balance is permitted at any time. All outstanding note balances will become due and payable in their entirety upon the occurrence of a distributive event (other than satisfaction of conditions for an in-service distribution) as defined in the Plan agreement. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

Investment Rollovers

Rollovers are permitted by employees who are not yet participants in the Plan. Participants are allowed to transfer or rollover funds into the plan from other qualified plans. In-kind rollovers are not permitted.

Payment of Benefits and Distributions

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in monthly, quarterly semi-annual or annual installments. Participants may elect to receive such distributions in the form of a life annuity. Hardship distributions are also permitted but cannot exceed the amount necessary to meet the participant's financial hardship. The Plan may also elect to make involuntary distributions of amounts less than $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. A participant who receives a hardship distribution is prohibited from making contributions to the Plan for six months from the date of the distribution. Distributions from a participant's Roth account are subject to certain restrictions by law, as defined in the Plan document.

The Plan also includes an involuntary cash out provision for all terminated employees whose vested account balance does not exceed $5,000.

If the vested account balance exceeds $5,000, the terminated employee must consent to any distribution of their account. The Plan Administrator may commence distribution of a vested account without consent at the time that

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Payment of Benefits and Distributions *(Continued)*

payments must begin under applicable federal law. Special rules apply to persons who are deemed to own more than 5% of the Sponsor.

Forfeited Accounts

These accounts are used to reduce future employer contributions. Since there have been no employer contributions into the Plan, there are no forfeited amounts.

Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. The net assets of the Plan, less any Plan expenses, would then be distributed to participants in accordance with the Plan's provisions.

Administrative Expenses

The Sponsor has elected to pay all administrative expenses incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), 972, investments are valued at the fund's net asset value reflecting all investments at fair value on the last day of the Plan year. The fund's net asset value is determined by the bank or entity sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

Notes Receivable from Participants

In accordance with Accounting Standards Update 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25), loans to participants are reported at their unpaid principal balance plus any accrued but

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Notes Receivable from Participants *(Continued)*

unpaid interest. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Investment Valuation and Income Recognition

Investments are held in separate investment accounts that invest in publicly traded mutual funds and are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value) as reported by the fund managers. Fair value is determined based upon quoted market prices, which represent net asset value per share. Fund transactions are accounted for on the trade date (date the securities are purchased and sold). Interest income is accounted for on the accrual basis. Dividend income is accounted for on the ex-dividend date.

Participant loans are valued at cost, which approximates fair value. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures of contingencies, if any, at the date of the financial statements, and the additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results may differ from those estimates. Such estimates are developed based on the best information available to management and management's best judgement at the time. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Payment of Benefits

Benefits are recorded when paid.

Tax Status

The underlying standardized prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the written form of the

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Tax Status *(Continued)*

underlying prototype document is qualified under section 401(a) of the IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the provisions of FASB ASC 740, *Accounting for Uncertainty in Income Taxes*. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are no audits currently in progress. The Plan is no longer subject to income tax examinations for years prior to 2017.

Subsequent Events

Management has evaluated subsequent events or transactions through August 4, 2021, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

VOYA, the custodian of the Plan at December 31, 2020 and 2019, certified as to the completeness and accuracy of the investment assets, transactions, income and schedules of the investment assets at December 31, 2020 and 2019 and for the years then ended.

The following information, included in the accompanying financial statements and supplementary information at December 31, 2020 and 2019, was obtained or derived from information supplied by the plan administrator and certified by VOYA:

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN *(Continued)*

	2020	2019
Investments, at fair value at beginning of year	$ 14,480,052	$ 11,659,802
Participants contributions	912,443	913,350
Rollover contributions	4,231	55,648
Loan withdrawals	(14,300)	(71,800)
Loan repayments	23,555	28,154
Benefits paid to participants	(967,973)	(875,645)
Net appreciation in fair value of investments	2,512,431	2,731,980
Other income	11,644	6,330
Interest income	4,994	5,062
Administrative expenses	(8,355)	(2,455)
Interest income – guaranteed interest account	29,389	29,626
Investments, at fair value at end of year	$ 16,988,111	$ 14,480,052

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has implemented FASB ASC 820-10, *"Fair Value Measurements and Disclosures*" FASB ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

The following tables present by level, within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2020 and 2019. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	12/31/20	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
American Funds Euro Pacific	$ 22,879	$ 22,879	$ -	$ -
A B Global Bond Fund	1,194	1,194	-	-
Loomis Sayles Bond Fund	2,184	2,184	-	-
PIMCO Commodity Real Ret Strat Instl Fund	7,907	7,907	-	-
PIMCO VIT Real Return	9,441	9,441	-	-
MFS Aggressive Growth Allocation Fund	23,659	23,659	-	-
MFS Conservative Allocation Fund	50,188	50,188	-	-
MFS Moderate Allocation Fund	477,445	477,445	-	-
MFS Growth Allocation Fund	69,589	69,589	-	-
Victory Trivalent International Small Cap Fund A	16,150	16,150	-	-
American Funds Washington Mutual	115,030	115,030	-	-
T Rowe Price Blue Chip Growth Fund	1,880,890	1,880,890	-	-
T Rowe Price Retirement 2005 Fund	817,540	817,540	-	-
T Rowe Price Retirement 2010 Fund	2,407	2,407	-	-
T Rowe Price Retirement 2015 Fund	18,713	18,713	-	-
T Rowe Price Retirement 2020 Fund	323,594	323,594	-	-
T Rowe Price Retirement 2025 Fund	1,704,249	1,704,249	-	-
T Rowe Price Retirement 2030 Fund	305,093	305,093	-	-
T Rowe Price Retirement 2035 Fund	918,455	918,455	-	-
T Rowe Price Retirement 2040 Fund	191,985	191,985	-	-
T Rowe Price Retirement 2045 Fund	853,706	853,706	-	-
T Rowe Price Retirement 2050 Fund	144,582	144,582	-	-
T Rowe Price Retirement 2055 Fund	115,607	115,607	-	-
T Rowe Price Retirement 2060 Fund	78,492	78,492	-	-
Voya American Century Small- Mid Cap VI Portfolio	1,186,793	1,186,793	-	-
Voya High Yield Portfolio	242,639	242,639	-	-
Voya Clarion Real Estate Portfolio	172,269	172,269	-	-
Voya Midcap Opportunities Portfolio	1,289,737	1,289,737	-	-

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/20	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Voya International Index Portfolio	573,064	573,064	-	-
Voya Government Money Market Portfolio	5,259	5,259	-	-
Voya U.S. Stock Index Portfolio	2,609,878	2,609,878	-	-
Voya Intermediate Bond Fund	187,159	187,159	-	-
Voya JP Morgan Emerging Markets Portfolio	217,946	217,946	-	-
Voya JP Morgan Small Cap Core Equity Portfolio	315,907	315,907	-	-
	$ 14,951,630	$ 14,951,630	$ -	$ -

Description	12/31/19	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
American Funds Euro Pacific	$ 20,393	$ 20,393	$ -	$ -
A B Global Bond Fund	7,764	7,764	-	-
Loomis Sayles Bond Fund	15,218	15,218	-	-
PIMCO Commodity Real Ret Strat Instl Fund	5,343	5,343	-	-
PIMCO VIT Real Return	4,146	4,146	-	-
MFS Aggressive Growth Allocation Fund	15,483	15,483	-	-
MFS Conservative Allocation Fund	11,737	11,737	-	-
MFS Moderate Allocation Fund	401,053	401,053	-	-
MFS Growth Allocation Fund	41,900	41,900	-	-
NFS International New Discovery Fund	20,250	20,250	-	-
American Funds Washington Mutual	144,589	144,589	-	-
T Rowe Price Blue Chip Growth Fund	2,151,752	2,151,752	-	-
T Rowe Price Retirement 2005 Fund	753,128	753,128	-	-

NOTE 4 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/19	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
T Rowe Price Retirement 2010 Fund	1,722	1,722	-	-
T Rowe Price Retirement 2015 Fund	23,844	23,844	-	-
T Rowe Price Retirement 2020 Fund	14,157	14,157	-	-
T Rowe Price Retirement 2025 Fund	1,538,603	1,538,603	-	-
T Rowe Price Retirement 2030 Fund	240,255	240,255	-	-
T Rowe Price Retirement 2035 Fund	851,173	851,173	-	-
T Rowe Price Retirement 2040 Fund	199,581	199,581	-	-
T Rowe Price Retirement 2045 Fund	682,229	682,229	-	-
T Rowe Price Retirement 2050 Fund	93,229	93,229	-	-
T Rowe Price Retirement 2055 Fund	93,765	93,765	-	-
T Rowe Price Retirement 2060 Fund	65,375	65,375	-	-
Voya American Century Small- Mid Cap VI Portfolio	1,133,006	1,138,006	-	-
Voya High Yield Portfolio	232,046	232,046	-	-
Voya Clarion Real Estate Portfolio	204,680	204,680	-	-
Voya Midcap Opportunities Portfolio	951,584	951,584	-	-
Voya International Index Portfolio	534,130	534,130	-	-
Voya U.S. Stock Index Portfolio	2,272,764	2,272,764	-	-
Voya Intermediate Bond Fund	131,097	131,097	-	-
Voya Government Money Market Portfolio	6,287	6,287	-	-
Voya JP Morgan Emerging Markets Portfolio	203,835	203,835	-	-
Voya JP Morgan Small Cap Core Equity Portfolio	402,377	402,377	-	-
	$ 13,468,495	$ 13,468,495	$ -	$ -

NOTE 5 - GUARANTEED INTEREST ACCOUNT

The Plan has investments in a traditional fully benefit-responsive guaranteed investment contracts with Voya Retirement Insurance and Annuity Company ("VRIAC") totaling $1,855,578 and $950,519 at December 31, 2020 and 2019, respectively. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. VRIAC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is reviewed annually but may not

NOTE 5 - GUARANTEED INTEREST ACCOUNT *(Continued)*

be less than 3 percent. The Guaranteed Accumulation Account ("GAA") does not permit the insurance company to terminate the agreement prior to the completion of 5 years.

These contracts meet the fully benefit-responsive contract criteria and therefore are reported at contract values. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

GAA guarantees stipulated rates of interest for stated periods. Amounts withdrawn from plan accounts before the end of a guaranteed term may be subject to a market value adjustment. Amounts in GAA may be transferred to other investment options at any time subject to certain limits.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in separate investment accounts that invest in publicly traded mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits. The Plan is covered under a fidelity bond for an amount up to 10% of the Plan assets subject to a maximum of $500,000.

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who have or may perform services or have fiduciary responsibilities to the Plan. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS *(Continued)*

Company pays all the administrative and accounting fees of the Plan. Certain plan investments are shares of mutual funds sold by Voya, the custodian, as defined by the Plan. These transactions qualify as party-in-interest transactions.

Effective July 11, 2016 the Plan entered into a Portfolio Blueprint 3(38) Program Service Agreement with Morningstar Associates, LLC ("Morningstar") and Voya. The Program allows the Plan to delegate the fiduciary responsibility for selecting, monitoring and replacing the Plan's designated investment options from those available on the Voya Fund Platform to Morningstar in the capacity of an "investment manager" as defined in Section 3(38) of ERISA. In connection with its services, Morningstar receives a fixed annual fee from Voya and also a fee in the amount of 0.05% of assets in the Program. This agreement shall terminate automatically upon the Plan sponsor terminating its agreement with Voya or upon Voya and Morningstar terminating their agreement.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of net assets available for benefits and net increase in net assets available for plan benefits per the financial statements to the Form 5500 as of December 31, 2020 and 2019.

Net Assets Available for Plan Benefits	**2020**	**2019**
Net assets available for benefits per the accompanying financial statements	$ 16,836,076	$ 14,497,537
Timing difference for excess contribution payable	31,738	2,320
Net assets available for plan benefits per the Form 5500	$ 16,867,814	$ 14,499,857

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500 *(Continued)*

Net Increase in Net Assets	**2020**	**2019**
Net increase per accompanying financial statements	$ 2,338,539	$ 2,779,253
Less: excess contribution at beginning of the year	2,320	10,223
	2,336,219	2,769,030
Add: excess contribution at end of year	31,738	2,320
Net increase per the Form 5500	$ 2,367,957	$ 2,771,350

SUPPLEMENTARY INFORMATION

SHARP DECISIONS, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2020

Form 5500 Schedule H Line 4i-Schedule of Assets (Held at End of Year)

Plan Sponsor EIN: 11-3032786
Plan Number 001

(a) Party-in-Interest	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Interest Rate Collateral Par of Maturity Value	(e) Current Value
No	American Funds Euro Pacific	Long-term capital growth	$ 22,879
No	A B Global Bond Fund	Income and capital appreciation	1,194
No	Loomis Sayles Bond Fund	Income and capital appreciation	2,184
No	PIMCO Commodity Real Ret Strat Instl Fund	Total return	7,907
No	PIMCO VIT Real Return	Total return	9,441
No	MFS Aggressive Growth Allocation Fund	Total return	23,659
No	MFS Conservative Allocation Fund	Total return	50,188
No	MFS Moderate Allocation Fund	Total return	477,445
No	MFS Growth Allocation Fund	Total return	69,589
No	Victory Trivalent International Small Cap Fund A	Long-term capital growth	16,150
No	American Funds Washington Mutual	Income & capital growth	115,030
No	T Rowe Price Blue Chip Growth Fund	Income & capital growth	1,880,890
No	T Rowe Price Retirement 2005 Fund	Income & capital growth	817,540
No	T Rowe Price Retirement 2010 Fund	Income & capital growth	2,407
No	T Rowe Price Retirement 2015 Fund	Income & capital growth	18,713
No	T Rowe Price Retirement 2020 Fund	Income & capital growth	323,594
No	T Rowe Price Retirement 2025 Fund	Income & capital growth	1,704,249
No	T Rowe Price Retirement 2030 Fund	Income & capital growth	305,093
No	T Rowe Price Retirement 2035 Fund	Income & capital growth	918,455
No	T Rowe Price Retirement 2040 Fund	Income & capital growth	191,985
No	T Rowe Price Retirement 2045 Fund	Income & capital growth	853,706
No	T Rowe Price Retirement 2050 Fund	Income & capital growth	144,582
No	T Rowe Price Retirement 2055 Fund	Income & capital growth	115,607
No	T Rowe Price Retirement 2060 Fund	Income & capital growth	78,492
*	Voya American Century Small- Mid Cap VI Portfolio	Long-term capital growth	1,186,793
*	Voya High Yield Portfolio	Income & capital preservation	242,639
*	Voya Clarion Real Estate Portfolio	Income & capital growth	172,269
*	Voya Midcap Opportunities Portfolio	Long-term capital appreciation	1,289,737
*	Voya International Index Portfolio	Total return	573,064
*	Voya Fixed Account	Guaranteed Investment Contract	795,562
*	Voya U.S. Stock Index Portfolio	Total return	2,609,878
*	Voya Fixed Account A	Guaranteed Investment Contract	1,060,016
*	Voya Intermediate Bond Fund	Income & capital preservation	187,159
*	Voya JP Morgan Emerging Markets portfolio	Long-term capital growth	217,946
*	Voya Government Money Market Portfolio	Income & capital preservation	5,259
*	Voya JP Morgan Small Cap Core Equity Portfolio	Long-term capital growth	315,907
			16,807,208
	Participant Loans	Interest Rates 4.75% - 7.0 %	60,606
			$ 16,867,814

* Issue is a party-in interest

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

Name of Plan:

► Sharp Decisions, Inc. 401(k) Plan

Employer Identification Number:► 11-3032786

For plan year (beginning/ending):► 01/01/2020 / 12/31/2020 Plan number: 001

(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
	Voya Retirement Insurance and Annuity Co	AB Global Bond Fund R		$1,194.42
	Voya Retirement Insurance and Annuity Co	American Funds EuroPacific R3		$22,878.70
	Voya Retirement Insurance and Annuity Co	American Funds Wash Mtual R3		$115,030.25
	Voya Retirement Insurance and Annuity Co	Loomis Sayles Bond Fund Ret		$2,183.87
	Voya Retirement Insurance and Annuity Co	MFS Aggressive Grw Alloc Fd R2		$23,659.14
	Voya Retirement Insurance and Annuity Co	MFS Conservative Alloc Fnd R2		$50,188.10
	Voya Retirement Insurance and Annuity Co	MFS Growth Allocation Fund R2		$69,588.97
	Voya Retirement Insurance and Annuity Co	MFS Intl New Discovery Fnd R2		$0.00
	Voya Retirement Insurance and Annuity Co	MFS Moderate Allocation Fd R2		$477,444.72
	Voya Retirement Insurance and Annuity Co	PIMCO CmdtyRlRtn Strat Fnd R		$7,907.35
	Voya Retirement Insurance and Annuity Co	PIMCO VIT Real Return Port Adm		$9,440.67
	Voya Retirement Insurance and Annuity Co	TRwPr Blue Chip Growth Fnd Adv		$1,880,889.76
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2005 Fund R		$817,539.56
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2010 Fund R		$2,407.12
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2015 Fund R		$18,713.04
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2020 Fund R		$323,594.46
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2025 Fund R		$1,704,249.18
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2030 Fund R		$305,093.01
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2035 Fund R		$918,455.41
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2040 Fund R		$191,985.23
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2045 Fund R		$853,705.58
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2050 Fund R		$144,581.66
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2055 Fund R		$115,606.64
	Voya Retirement Insurance and Annuity Co	TRwPr Retirement 2060 Fund R		$78,491.54
	Voya Retirement Insurance and Annuity Co	VY AmCen Sm-MdCp Vl Port I		$1,186,792.57
	Voya Retirement Insurance and Annuity Co	VY Clarion Rl Estate Prt Srv		$172,269.48
	Voya Retirement Insurance and Annuity Co	VY JPM Emrg Mkts Eq Port Srv		$217,945.98
	Voya Retirement Insurance and Annuity Co	VY JPM SmCp Cr Eq Port Srv		$315,907.24
*	Voya Retirement Insurance and Annuity Co	Victory Trv Intl SmCp Fd A		$16,150.13
*	Voya Retirement Insurance and Annuity Co	Voya Fixed Account		$795,562.00
*	Voya Retirement Insurance and Annuity Co	Voya Fixed Account A		$1,060,016.28
*	Voya Retirement Insurance and Annuity Co	Voya Gov Money Market Port I		$5,258.94
*	Voya Retirement Insurance and Annuity Co	Voya High Yield Port Srv		$242,639.27
*	Voya Retirement Insurance and Annuity Co	Voya Intermediate Bond Prt I		$187,159.28
*	Voya Retirement Insurance and Annuity Co	Voya International Ind Prt I		$573,063.80
*	Voya Retirement Insurance and Annuity Co	Voya Mid Cap Opport Port I		$1,289,736.69
*	Voya Retirement Insurance and Annuity Co	Voya US Stock Index Port Ins		$2,609,878.08
	Participant Loans	4.75% - 7.00%		$60,605.67