

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
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.) ☒ 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/15/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/15/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/15/2003</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MOMENTA PHARMACEUTICALS, INC.</u> <u>301 BINNEY STREET</u> <u>CAMBRIDGE, MA 02142</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3561634</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>617-491-9700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3561634</u>	2c Plan Sponsor's telephone number <u>617-491-9700</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>04-3561634</u>					
2c Plan Sponsor's telephone number <u>617-491-9700</u>					
2d Business code (see instructions) <u>541700</u>					

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.	10/05/2021	PETER CATALANO
	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 (2020)
v. 200204

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	321
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)	122
a(2) Total number of active participants at the end of the plan year		6a(2)	138
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	177
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	315
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	299
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: 2J 2T 2F 3D 3H 2K 2G			
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) ☐ <u>0</u> 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 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
		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 MOMENTA PHARMACEUTICALS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOMENTA PHARMACEUTICALS, INC.	D Employer Identification Number (EIN) 04-3561634	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-4633	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIF SH TERM INC INST - PRINCIPAL S 711 HIGH STREET DES MOINES, IA 50392	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP EQUITY INCOME - T. ROWE PRICE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 <u>01/01/2020</u> and ending <u>12/31/2020</u>				
A Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>
B Three-digit plan number (PN) ►	<u>001</u>			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTA PHARMACEUTICALS, INC.</u>	D Employer Identification Number (EIN) <u>04-3561634</u>			

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.....		1a0	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)1014182	1149939
(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)117853	34865
(9) Value of interest in common/collective trusts		1c(9)0	0
(10) Value of interest in pooled separate accounts		1c(10)0	0
(11) Value of interest in master trust investment accounts		1c(11)0	0
(12) Value of interest in 103-12 investment entities		1c(12)0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)41230998	49333382
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)0	0
(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 42363033	50518186
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 through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 42363033	50518186

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 698713	
	(B) Participants	2a(1)(B) 2179073	
	(C) Others (including rollovers).....	2a(1)(C) 246094	
(2)	Noncash contributions	2a(2) 0	3123880
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		6611
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 2983	
	(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) 3628	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	1931879
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 1931879	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	0
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	0
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6756557
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		11818927

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3660563	
(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)		3660563
f Corrective distributions (see instructions)	2f		3475
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)	4369	
(4) Other.....	2i(4)	-4633	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		-264
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3663774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8155153
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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:

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.)

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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		X	

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

A Name of plan MOMENTA PHARMACEUTICALS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOMENTA PHARMACEUTICALS, INC.	D Employer Identification Number (EIN) 04-3561634

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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).....

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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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 _____

Momenta Pharmaceuticals 401(k) Plan

Financial Report
December 31, 2020

Contents

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Independent Auditor's Report

Plan Administrator and Plan Participants
Momenta Pharmaceuticals 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Momenta Pharmaceuticals 401(k) Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2020, 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 in accordance 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 5, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedules, other than that derived from the information certified or provided by the trustee, 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.

RSM VS LLP

Boston, Massachusetts
September 23, 2021

Momenta Pharmaceuticals 401(k) Plan

**Statements of Net Assets Available for Plan Benefits
December 31, 2020 and 2019**

	2020	2019
Assets		
Investments, at fair value	\$ 50,483,321	\$ 42,245,180
Notes receivable from participants	34,865	117,853
Net assets available for plan benefits	\$ 50,518,186	\$ 42,363,033

See notes to financial statements.

Momenta Pharmaceuticals 401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2020

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 6,756,557
Interest and dividends	1,934,862
Total investment income	<u>8,691,419</u>

Interest income on notes receivable from participants	<u>3,628</u>
---	--------------

Contributions:

Participant	2,179,073
Employer	698,713
Rollover	246,094
Total contributions	<u>3,123,880</u>

Total additions	<u>11,818,927</u>
------------------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	3,664,038
Administrative expenses	(264)
Total deductions	<u>3,663,774</u>

Net increase	8,155,153
---------------------	-----------

Net assets available for plan benefits:

Beginning of year	<u>42,363,033</u>
End of year	<u>\$ 50,518,186</u>

See notes to financial statements.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Momenta Pharmaceuticals 401(k) Plan (the Plan), of Momenta Pharmaceuticals, Inc. (the Company or Plan Sponsor), provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan was established by the Company on October 31, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was most recently restated effective July 7, 2015 and amended effective August 1, 2019.

As a result of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), the Plan opted into certain provisions permitted under the CARES Act, which related to minimum required distributions, deferred loan payment provisions, and CARES Act withdrawals.

On October 1, 2020, pursuant to the agreement and plan of merger dated August 19, 2020 with Johnson & Johnson (the Parent) and Vigor Sub, Inc. (Vigor), a wholly owned subsidiary of the Parent, Vigor acquired all of the Plan Sponsor's outstanding shares of common stock and merged with and into the Plan Sponsor with the Plan Sponsor as the surviving entity, which resulted in the Plan Sponsor becoming a wholly owned subsidiary of the Parent. As a result of the merger, the Plan Sponsor froze contributions to the Plan effective December 28, 2020.

Eligibility: All employees of the Company who are at least 21 years of age are eligible to participate with no service requirement. Leased and temporary employees are excluded from participation in the Plan.

Contributions: Participant contributions are limited to the lesser of 60% of eligible compensation, as defined, or the annual deferral limit defined by the Internal Revenue Code (IRC). Employees can elect to participate in the Plan and defer a specific percentage or dollar amount of their annual eligible compensation, as defined, as a pre-tax contribution or elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into several mutual funds or a money market fund offered by the Plan.

The Company has the option of making discretionary matching contributions. For the year ended December 31, 2020, the Company made a contribution of an amount equal to 50% of each participant's authorized elective deferral up to 6% of the participant's eligible compensation, as defined.

Rollovers: With the approval of the plan administrator, the Plan may receive any amounts received by an employee as a distribution from another qualified plan provided that the receipt of such amounts do not adversely affect the qualified tax status of the Plan. Participants are fully vested in these amounts.

Participant accounts: Each participant has a separate individual investment account. Each participant's account is credited with the participant's contribution and the Company's matching contribution. Earnings and losses on the account shall accrue to such account only. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are fully and immediately vested in their voluntary contributions, the Company's matching contributions, rollover contributions and the earnings and losses thereon.

Investment elections: Each participant directs the investment of his or her own individual account and may select from several mutual funds as well as a money market fund. Each participant has the ability to change his or her investment allocations at any time.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Notes receivable from participants: Each participant may, upon written application, borrow any amount from \$1,000 up to a maximum of the lesser of 50% of his or her total vested account balance or \$50,000 (less the highest outstanding balance on any other loan outstanding in the prior 12 months) as defined by the Plan. The loan repayment period is up to five years and may be extended to ten years for a loan to purchase a principal residence. All loans bear a reasonable rate of interest as determined by the plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. A participant is not allowed to have more than one loan outstanding at a time.

Under the CARES Act, the Plan allowed participants to suspend loan payments due on or after March 27, 2020 through December 31, 2020 for up to one year.

Payment of benefits: The Plan provides for distribution of the vested balance of a participant's account to a participant, spouse or designated beneficiary upon retirement, death, disability, hardship or termination of employment. Distributions are made in the form of a lump sum. Upon termination of employment, the participant may elect to leave his or her account on deposit with the trustee of the Plan, unless the balance is less than \$5,000, in which case the amount is automatically rolled over into an individual retirement account.

In accordance with the plan document, a participant may withdraw a portion of his or her vested balance to meet immediate and heavy financial needs, subject to certain limitations outlined in the Plan.

Beginning April 2020, the Plan implemented certain provisions from the CARES Act, which allowed Plan participants to take hardship withdrawals due to adverse financial consequences from COVID-19 up to \$100,000.

Forfeitures: Forfeitures represent the non-vested portion of terminated participants' account balances. These amounts can be used to reduce the Company's future matching contributions or to pay administrative expenses. During 2020, there were no forfeitures due to the amendment made in 2018 stating participants are fully and immediately vested in the Company's matching contributions and earnings and losses thereon. During 2020, no forfeitures were used to reduce the Company's matching contributions or pay administrative expenses. As of December 31, 2020 and 2019, unallocated forfeiture amounts available were \$20.

Administrative expenses: The Company pays substantially all of the administrative costs for the Plan. Certain expenses related to participant level transactions, such as loan set up fees or investment management fees, are charged directly to the respective participant's account.

Note 2. Summary of Significant Accounting Policies

Basis of accounting and use of estimates: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets generally accepted accounting principles in the United States (GAAP) to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification (FASB ASC). The financial statements of the Plan are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when earned. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for plan benefits, the Plan presents the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balances plus any unpaid interest. Delinquent loans are treated as distributions based on the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Income taxes: GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the United States federal, state or local tax authorities for years before 2017.

Fair value measurements: The Plan follows guidance within FASB ASC 820 - *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and 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 quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Valuations based on quoted prices in markets that are not active or 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.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Mutual funds and money market fund: The fair values of shares of mutual funds and the money market fund represent the net asset value of such shares as of the close of business at the end of the period based on the quoted active market prices of the underlying investments. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

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

Note 3. Fair Value Measurements

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 49,333,382	\$ -	\$ -	\$ 49,333,382
Money market fund	1,149,939	-	-	1,149,939
Total assets at fair value	\$ 50,483,321	\$ -	\$ -	\$ 50,483,321

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 41,230,998	\$ -	\$ -	\$ 41,230,998
Money market fund	1,014,182	-	-	1,014,182
Total assets at fair value	\$ 42,245,180	\$ -	\$ -	\$ 42,245,180

Note 4. Notes Receivable from Participants

The Plan permits its participants to obtain loans against their account balances. As of December 31, 2020 and 2019, total loans outstanding were \$34,865 and \$117,853, respectively. During the year ended December 31, 2020, interest earned on such loans was \$3,628. Loans to participants are collateralized by the respective participant's remaining account balance. There are other restrictions on participant loans, as defined in the plan document.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 5. Information Prepared and Certified by Plan's Trustee

The following is a summary of the Plan's asset information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company (Fidelity), the trustee, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2020	2019
Investments, at fair value:		
Mutual funds	\$ 49,333,382	\$ 41,230,998
Money market fund	1,149,939	1,014,182
	<u>\$ 50,483,321</u>	<u>\$ 42,245,180</u>
Notes receivable from participants	\$ 34,865	\$ 117,853

For the year ended December 31, 2020, Fidelity certified to the completeness and accuracy of \$6,756,557 of net appreciation in fair value of investments, \$1,934,862 of interest and dividends related to the aforementioned investments and \$3,628 of interest income on notes receivable from participants.

Note 6. Tax Status

The Plan has adopted a prototype standardized profit sharing plan of Fidelity Management & Research Company. The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2014 stating that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been restated and amended since receiving the opinion letter. The Plan itself has not separately applied for recognition of tax exempt status. However, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Due to a 2018 partial plan termination as defined by the IRC, the Plan was amended to make all participants 100% vested in their accounts effective April 17, 2018.

Note 8. Party-in-Interest Transactions

The Plan's investments in shares of mutual funds and a money market fund are managed by Fidelity, which qualify as party-in-interest transactions as the term is defined in Section 3 (14) of ERISA. The Plan also holds notes receivables from participants, which are secured by the balance in the respective participant's account, which represent party-in-interest transactions.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 9. Risks and Uncertainties

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

Note 10. Subsequent Events

The Company evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was September 23, 2021, for these financial statements.

On July 26, 2021, the Plan executed a Plan Deconversion with their current trustee, Fidelity Management Trust Company, to transfer the assets of the Plan to the trustee of the Parent company's retirement plan with an effective date of November 15, 2021.

Momenta Pharmaceuticals 401(k) Plan
**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020**
**Employer Identification Number 04-3561634
Plan Number 001**

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
	Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	FIDELITY GROWTH CO K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	\$ 4,950,992
*	FIDELITY CONTRAFUND K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,820,323
*	FIDELITY TOT MKT IDX PR	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,539,949
*	FIDELITY FREEDOM K 2030	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,330,817
*	FIDELITY FREEDOM K 2040	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,108,924
*	FIDELITY BLUE CHIP GR K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,043,231
*	FIDELITY FREEDOM K 2045	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,806,844
*	FIDELITY FREEDOM K 2035	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,775,584
*	FIDELITY FREEDOM K 2025	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,203,432
*	FIDELITY OVERSEAS K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,029,609
*	FIDELITY MID CAP STOCK K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,405,112
	JPM GOVT BOND R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,403,298
*	FIDELITY INTL INDEX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,389,969
*	FIDELITY LOW-PRICED ST K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,317,948
*	FIDELITY EXT D MKT IDX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,216,923
*	FIDELITY FREEDOM K 2050	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,125,529
*	FIDELITY PURITAN K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,109,912
*	FIDELITY FREEDOM K 2055	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,061,351
*	FIDELITY US BOND IDX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	936,053
*	FIDELITY SM CAP DISCOVERY	Mutual Fund	N/A	N/A	N/A	N/A	N/A	912,638
	LOOMIS CORE PL BD N	Mutual Fund	N/A	N/A	N/A	N/A	N/A	908,156
*	FIDELITY FREEDOM K 2020	Mutual Fund	N/A	N/A	N/A	N/A	N/A	693,453
*	FIDELITY VALUE K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	681,966
*	FIDELITY LARGE CAP STOCK K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	673,363
	TRP EQUITY INCOME I	Mutual Fund	N/A	N/A	N/A	N/A	N/A	604,705
*	FIDELITY REAL ESTATE INVS	Mutual Fund	N/A	N/A	N/A	N/A	N/A	524,748
	INVS EM ALL CAP R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	519,214
*	FIDELITY SMALL CAP VALUE	Mutual Fund	N/A	N/A	N/A	N/A	N/A	476,375
	PIF SH TERM INC INST	Mutual Fund	N/A	N/A	N/A	N/A	N/A	321,625
*	FIDELITY FREEDOM INC K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	166,584
	WF SM CO GROWTH R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	143,821
*	FIDELITY FREEDOM K 2060	Mutual Fund	N/A	N/A	N/A	N/A	N/A	53,490
*	FIDELITY FREEDOM K 2015	Mutual Fund	N/A	N/A	N/A	N/A	N/A	48,038
*	FIDELITY FREEDOM K 2010	Mutual Fund	N/A	N/A	N/A	N/A	N/A	29,406
*	FIDELITY GOVT MMKT	Money Market Fund	N/A	N/A	N/A	N/A	N/A	1,149,939
*	Participant Loans	Loans to Participants	Varies	4.00%	N/A	Varies	-	34,865
								\$ 50,518,186

* Represents a party-in-interest to the Plan

Momenta Pharmaceuticals

401(k) Plan

Financial Report
December 31, 2020

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Independent Auditor's Report

Plan Administrator and Plan Participants
Momenta Pharmaceuticals 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Momenta Pharmaceuticals 401(k) Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2020, 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 in accordance 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 5, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedules, other than that derived from the information certified or provided by the trustee, 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.

RSM VS LLP

Boston, Massachusetts
September 23, 2021

Momenta Pharmaceuticals 401(k) Plan

**Statements of Net Assets Available for Plan Benefits
December 31, 2020 and 2019**

	2020	2019
Assets		
Investments, at fair value	\$ 50,483,321	\$ 42,245,180
Notes receivable from participants	34,865	117,853
Net assets available for plan benefits	\$ 50,518,186	\$ 42,363,033

See notes to financial statements.

Momenta Pharmaceuticals 401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2020

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 6,756,557
Interest and dividends	1,934,862
Total investment income	<u>8,691,419</u>

Interest income on notes receivable from participants	<u>3,628</u>
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Contributions:

Participant	2,179,073
Employer	698,713
Rollover	246,094
Total contributions	<u>3,123,880</u>

Total additions	<u>11,818,927</u>
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Deductions from net assets attributed to:

Benefits paid to participants	3,664,038
Administrative expenses	(264)
Total deductions	<u>3,663,774</u>

Net increase	8,155,153
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Net assets available for plan benefits:

Beginning of year	<u>42,363,033</u>
End of year	<u><u>\$ 50,518,186</u></u>

See notes to financial statements.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Momenta Pharmaceuticals 401(k) Plan (the Plan), of Momenta Pharmaceuticals, Inc. (the Company or Plan Sponsor), provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan was established by the Company on October 31, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was most recently restated effective July 7, 2015 and amended effective August 1, 2019.

As a result of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), the Plan opted into certain provisions permitted under the CARES Act, which related to minimum required distributions, deferred loan payment provisions, and CARES Act withdrawals.

On October 1, 2020, pursuant to the agreement and plan of merger dated August 19, 2020 with Johnson & Johnson (the Parent) and Vigor Sub, Inc. (Vigor), a wholly owned subsidiary of the Parent, Vigor acquired all of the Plan Sponsor's outstanding shares of common stock and merged with and into the Plan Sponsor with the Plan Sponsor as the surviving entity, which resulted in the Plan Sponsor becoming a wholly owned subsidiary of the Parent. As a result of the merger, the Plan Sponsor froze contributions to the Plan effective December 28, 2020.

Eligibility: All employees of the Company who are at least 21 years of age are eligible to participate with no service requirement. Leased and temporary employees are excluded from participation in the Plan.

Contributions: Participant contributions are limited to the lesser of 60% of eligible compensation, as defined, or the annual deferral limit defined by the Internal Revenue Code (IRC). Employees can elect to participate in the Plan and defer a specific percentage or dollar amount of their annual eligible compensation, as defined, as a pre-tax contribution or elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into several mutual funds or a money market fund offered by the Plan.

The Company has the option of making discretionary matching contributions. For the year ended December 31, 2020, the Company made a contribution of an amount equal to 50% of each participant's authorized elective deferral up to 6% of the participant's eligible compensation, as defined.

Rollovers: With the approval of the plan administrator, the Plan may receive any amounts received by an employee as a distribution from another qualified plan provided that the receipt of such amounts do not adversely affect the qualified tax status of the Plan. Participants are fully vested in these amounts.

Participant accounts: Each participant has a separate individual investment account. Each participant's account is credited with the participant's contribution and the Company's matching contribution. Earnings and losses on the account shall accrue to such account only. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are fully and immediately vested in their voluntary contributions, the Company's matching contributions, rollover contributions and the earnings and losses thereon.

Investment elections: Each participant directs the investment of his or her own individual account and may select from several mutual funds as well as a money market fund. Each participant has the ability to change his or her investment allocations at any time.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Notes receivable from participants: Each participant may, upon written application, borrow any amount from \$1,000 up to a maximum of the lesser of 50% of his or her total vested account balance or \$50,000 (less the highest outstanding balance on any other loan outstanding in the prior 12 months) as defined by the Plan. The loan repayment period is up to five years and may be extended to ten years for a loan to purchase a principal residence. All loans bear a reasonable rate of interest as determined by the plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. A participant is not allowed to have more than one loan outstanding at a time.

Under the CARES Act, the Plan allowed participants to suspend loan payments due on or after March 27, 2020 through December 31, 2020 for up to one year.

Payment of benefits: The Plan provides for distribution of the vested balance of a participant's account to a participant, spouse or designated beneficiary upon retirement, death, disability, hardship or termination of employment. Distributions are made in the form of a lump sum. Upon termination of employment, the participant may elect to leave his or her account on deposit with the trustee of the Plan, unless the balance is less than \$5,000, in which case the amount is automatically rolled over into an individual retirement account.

In accordance with the plan document, a participant may withdraw a portion of his or her vested balance to meet immediate and heavy financial needs, subject to certain limitations outlined in the Plan.

Beginning April 2020, the Plan implemented certain provisions from the CARES Act, which allowed Plan participants to take hardship withdrawals due to adverse financial consequences from COVID-19 up to \$100,000.

Forfeitures: Forfeitures represent the non-vested portion of terminated participants' account balances. These amounts can be used to reduce the Company's future matching contributions or to pay administrative expenses. During 2020, there were no forfeitures due to the amendment made in 2018 stating participants are fully and immediately vested in the Company's matching contributions and earnings and losses thereon. During 2020, no forfeitures were used to reduce the Company's matching contributions or pay administrative expenses. As of December 31, 2020 and 2019, unallocated forfeiture amounts available were \$20.

Administrative expenses: The Company pays substantially all of the administrative costs for the Plan. Certain expenses related to participant level transactions, such as loan set up fees or investment management fees, are charged directly to the respective participant's account.

Note 2. Summary of Significant Accounting Policies

Basis of accounting and use of estimates: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets generally accepted accounting principles in the United States (GAAP) to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification (FASB ASC). The financial statements of the Plan are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when earned. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for plan benefits, the Plan presents the net appreciation (depreciation) in the fair value of investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balances plus any unpaid interest. Delinquent loans are treated as distributions based on the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Income taxes: GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the United States federal, state or local tax authorities for years before 2017.

Fair value measurements: The Plan follows guidance within FASB ASC 820 - *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and 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 quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Valuations based on quoted prices in markets that are not active or 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.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Mutual funds and money market fund: The fair values of shares of mutual funds and the money market fund represent the net asset value of such shares as of the close of business at the end of the period based on the quoted active market prices of the underlying investments. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

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

Note 3. Fair Value Measurements

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 49,333,382	\$ -	\$ -	\$ 49,333,382
Money market fund	1,149,939	-	-	1,149,939
Total assets at fair value	\$ 50,483,321	\$ -	\$ -	\$ 50,483,321

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 41,230,998	\$ -	\$ -	\$ 41,230,998
Money market fund	1,014,182	-	-	1,014,182
Total assets at fair value	\$ 42,245,180	\$ -	\$ -	\$ 42,245,180

Note 4. Notes Receivable from Participants

The Plan permits its participants to obtain loans against their account balances. As of December 31, 2020 and 2019, total loans outstanding were \$34,865 and \$117,853, respectively. During the year ended December 31, 2020, interest earned on such loans was \$3,628. Loans to participants are collateralized by the respective participant's remaining account balance. There are other restrictions on participant loans, as defined in the plan document.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 5. Information Prepared and Certified by Plan's Trustee

The following is a summary of the Plan's asset information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company (Fidelity), the trustee, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2020	2019
Investments, at fair value:		
Mutual funds	\$ 49,333,382	\$ 41,230,998
Money market fund	1,149,939	1,014,182
	<u>\$ 50,483,321</u>	<u>\$ 42,245,180</u>
Notes receivable from participants	<u>\$ 34,865</u>	<u>\$ 117,853</u>

For the year ended December 31, 2020, Fidelity certified to the completeness and accuracy of \$6,756,557 of net appreciation in fair value of investments, \$1,934,862 of interest and dividends related to the aforementioned investments and \$3,628 of interest income on notes receivable from participants.

Note 6. Tax Status

The Plan has adopted a prototype standardized profit sharing plan of Fidelity Management & Research Company. The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2014 stating that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been restated and amended since receiving the opinion letter. The Plan itself has not separately applied for recognition of tax exempt status. However, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Due to a 2018 partial plan termination as defined by the IRC, the Plan was amended to make all participants 100% vested in their accounts effective April 17, 2018.

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Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

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Note 10. Subsequent Events

The Company evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was September 23, 2021, for these financial statements.

On July 26, 2021, the Plan executed a Plan Deconversion with their current trustee, Fidelity Management Trust Company, to transfer the assets of the Plan to the trustee of the Parent company's retirement plan with an effective date of November 15, 2021.

Momenta Pharmaceuticals 401(k) Plan
**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020**
**Employer Identification Number 04-3561634
Plan Number 001**

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
	Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	FIDELITY GROWTH CO K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	\$ 4,950,992
*	FIDELITY CONTRAFUND K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,820,323
*	FIDELITY TOT MKT IDX PR	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,539,949
*	FIDELITY FREEDOM K 2030	Mutual Fund	N/A	N/A	N/A	N/A	N/A	3,330,817
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*	FIDELITY FREEDOM K 2045	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,806,844
*	FIDELITY FREEDOM K 2035	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,775,584
*	FIDELITY FREEDOM K 2025	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,203,432
*	FIDELITY OVERSEAS K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	2,029,609
*	FIDELITY MID CAP STOCK K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,405,112
	JPM GOVT BOND R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,403,298
*	FIDELITY INTL INDEX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,389,969
*	FIDELITY LOW-PRICED ST K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,317,948
*	FIDELITY EXT D MKT IDX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,216,923
*	FIDELITY FREEDOM K 2050	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,125,529
*	FIDELITY PURITAN K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,109,912
*	FIDELITY FREEDOM K 2055	Mutual Fund	N/A	N/A	N/A	N/A	N/A	1,061,351
*	FIDELITY US BOND IDX	Mutual Fund	N/A	N/A	N/A	N/A	N/A	936,053
*	FIDELITY SM CAP DISCOVERY	Mutual Fund	N/A	N/A	N/A	N/A	N/A	912,638
	LOOMIS CORE PL BD N	Mutual Fund	N/A	N/A	N/A	N/A	N/A	908,156
*	FIDELITY FREEDOM K 2020	Mutual Fund	N/A	N/A	N/A	N/A	N/A	693,453
*	FIDELITY VALUE K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	681,966
*	FIDELITY LARGE CAP STOCK K6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	673,363
	TRP EQUITY INCOME I	Mutual Fund	N/A	N/A	N/A	N/A	N/A	604,705
*	FIDELITY REAL ESTATE INVS	Mutual Fund	N/A	N/A	N/A	N/A	N/A	524,748
	INVS EM ALL CAP R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	519,214
*	FIDELITY SMALL CAP VALUE	Mutual Fund	N/A	N/A	N/A	N/A	N/A	476,375
	PIF SH TERM INC INST	Mutual Fund	N/A	N/A	N/A	N/A	N/A	321,625
*	FIDELITY FREEDOM INC K	Mutual Fund	N/A	N/A	N/A	N/A	N/A	166,584
	WF SM CO GROWTH R6	Mutual Fund	N/A	N/A	N/A	N/A	N/A	143,821
*	FIDELITY FREEDOM K 2060	Mutual Fund	N/A	N/A	N/A	N/A	N/A	53,490
*	FIDELITY FREEDOM K 2015	Mutual Fund	N/A	N/A	N/A	N/A	N/A	48,038
*	FIDELITY FREEDOM K 2010	Mutual Fund	N/A	N/A	N/A	N/A	N/A	29,406
*	FIDELITY GOVT MMKT	Money Market Fund	N/A	N/A	N/A	N/A	N/A	1,149,939
*	Participant Loans	Loans to Participants	Varies	4.00%	N/A	Varies	-	34,865
								\$ 50,518,186

* Represents a party-in-interest to the Plan