

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>CORRONA, LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/2014</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>CORRONA, LLC</u> <u>1440 MAIN STREET, SUITE 310</u> <u>WALTHAM, MA 02451</u>	2b	Employer Identification Number (EIN) <u>46-5268103</u>
2c		Plan Sponsor's telephone number <u>508-266-8256</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.	<u>04/06/2021</u>	<u>DAVINA ARCHER-DYER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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	165
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)	145
a(2) Total number of active participants at the end of the plan year		6a(2)	179
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	20
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	168
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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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 CORRONA, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CORRONA, LLC	D Employer Identification Number (EIN) 46-5268103

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

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	500666-01	38	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 301666**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☒ other (specify) ▶ **GROUP ANNUITY CONTRACT****f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 221239**c** Additions: (1) Contributions deposited during the year **7c(1)** 88900(2) Dividends and credits..... **7c(2)** 0(3) Interest credited during the year..... **7c(3)** 3180(4) Transferred from separate account..... **7c(4)** 128978(5) Other (specify below) **7c(5)** 34601▶ **LOAN REPAYMENTS AND FORFEITURES**(6) Total additions **7c(6)** 255659**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 476898**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 38876(2) Administration charge made by carrier..... **7e(2)** 81(3) Transferred to separate account..... **7e(3)** 136275(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 175232**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 301666

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 CORRONA, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORRONA, LLC	D Employer Identification Number (EIN) 46-5268103	

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
64	RECORDKEEPER	32120	Yes ☐ No ☒	Yes ☒ No ☐		Yes ☐ No ☒

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

WELLS FARGO ADVISORS

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	21927	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 CORRONA, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORRONA, LLC	D Employer Identification Number (EIN) 46-5268103	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13116	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	115634	97875
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8499138	12449238
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8627888	12547113

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	22382	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	22382	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8605506	12547113
---	-----------	---------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	905855	
(B) Participants	2a(1)(B)	1425207	
(C) Others (including rollovers).....	2a(1)(C)	595344	
(2) Noncash contributions	2a(2)		2926406
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6743	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6743
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1863958
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4797107

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	799251	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		799251
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	56249	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		56249
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		855500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3941607
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		101964

	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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan CORRONA, LLC 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 CORRONA, LLC</div>	<div>D Employer Identification Number (EIN) 46-5268103</div>

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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): 84-0467907</div>		
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Financial Statements
and Supplemental Schedules**

Corrona, LLC 401(k) Plan

December 31, 2020 and 2019



CORRONA, LLC 401(k) PLAN

Financial Statements and Supplemental Schedules

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Independent Auditors' Report

The Plan Administrator
Corrona, LLC 401(k) Plan
Waltham, Massachusetts

Report on the 2020 Financial Statements

We were engaged to audit the accompanying financial statements of Corrona, LLC 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to financial statements.

Management's Responsibility for the 2020 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.

Auditors' Responsibility for the 2020 Financial Statements

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 on the 2020 Financial Statements

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



Disclaimer of Opinion on the 2020 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2020 Financial Statements* 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 schedules, (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2020 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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 by Great-West Trust and Great-West Life, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on the Compiled 2019 Financial Statement

Plan management is responsible for the accompanying financial statement of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the financial statement.

Maya Hoffman McCann P.C.

Boston, Massachusetts
October 14, 2021

Corrona, LLC 401(k) Plan

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2020</i>	<i>2019</i>
	<i>(Audited)</i>	<i>(Unaudited)</i>
Assets		
Investments, at fair value	\$ 12,147,573	\$ 8,277,899
Investments, at contract value	<u>301,665</u>	<u>221,239</u>
Total investments	12,449,238	8,499,138
Receivables:		
Employer contributions	-	4,590
Notes receivable from participants	<u>103,624</u>	<u>121,607</u>
Total receivables	<u>103,624</u>	<u>126,197</u>
Net assets available for benefits	\$ <u><u>12,552,862</u></u>	\$ <u><u>8,625,335</u></u>

Corrona, LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2020

Additions to net assets attributed to:

Investment income:

Net appreciation in fair values of investments	\$ 1,607,613
Interest and dividends	<u>256,303</u>

Total investment income	<u>1,863,916</u>
-------------------------	------------------

Interest income on notes receivable from participants	<u>6,756</u>
---	--------------

Other income	<u>22,926</u>
--------------	---------------

Contributions:

Participant deferrals	1,425,219
Rollovers	595,344
Employer	<u>891,999</u>

2,912,562

Total additions to net assets	<u>4,806,160</u>
--------------------------------------	-------------------------

Deductions from net assets attributed to:

Benefits paid to participants	798,132
Administrative expenses	<u>80,501</u>

Total deductions from net assets	<u>878,633</u>
---	-----------------------

Net increase in net assets available for benefits	3,927,527
--	------------------

Net assets available for benefits, beginning of year	<u>8,625,335</u>
--	------------------

Net assets available for benefits, end of year	\$ <u><u>12,552,862</u></u>
---	------------------------------------

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 1 - Description of Plan

The following description of Corrona, LLC 401(k), Inc. (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution profit sharing plan covering all employees of CorEvitas, LLC formerly known as Corrona, LLC (the “Employer”), upon hire, except residents of Puerto Rico, union employees and non-resident aliens. There is also limitations for entities acquired during “transition period” as defined (“Participants”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

On December 2, 2019, the Employer acquired an unrelated Company; and effective December 1, 2019, the Plan was amended to allow employees of the acquired Company to be eligible to participate in the Plan as of January 1, 2020 and eligible for matching contributions as of January 1, 2021. The Plan also credits such employees with service time worked at the acquired company.

Participant Contributions

Participants may defer up to 100% of their annual eligible compensation, as defined by the Plan, subject to dollar limits set by Federal law. Participants who have reached the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Subject to the approval of the Plan administrator, participants may also contribute amounts representing distributions from other qualified plans (“Participant Rollovers”).

Employer Discretionary Matching Contributions

The Employer may make a discretionary matching contribution of 140% of the amount contributed by a participant, up to a maximum of 7% of the participant’s compensation for each payroll period. In order to receive an Employer contribution, a participant must complete 1,000 hours of service during the Plan year and be employed by the Employer on the last day of the plan year, unless the employee terminates employment due to death or becoming disabled, or terminates employment after attaining normal retirement age. The Employer also reserves the right to make a true-up matching contribution based upon the participant’s compensation for the Plan year. There was no true-up matching contribution made in 2020.

Participant Accounts

Each participant’s account is credited with the Participant’s contributions, allocations of Employer’s contributions, as applicable, and Plan earnings, and reduced by direct loan fees, benefit disbursement processing fees or administrative expenses associated with certain investment options. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant’s vested account.

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Vesting

Participants are immediately vested in their rollover and deferral contributions. Unless due to death or becomes totally disabled, a participant becomes 100% vested in discretionary Employer matching contributions after three years of credited service in accordance with the following schedule:

After 1 Year of Service	33%
After 2 Year of Service	66%
After 3 Year of Service	100%

Forfeitures

The non-vested portion of a participant's account is forfeited as of the earlier of the date on which the participant receives a complete distribution of his or her account or the last day of the Plan year in which the participant incurs five consecutive one-year breaks in service. Forfeitures of any non-vested portion of withdrawing participants' accounts are used to offset a portion of the Employer discretionary matching contribution or to pay Plan expenses. During the year ended December 31, 2020, \$45,152 of forfeitures were used to reduce 2020 Employer contributions, and \$8,526 of forfeitures were used to reduce 2019 Employer contributions funded in 2020. At December 31, 2020 and 2019, forfeited non-vested amounts available totaled \$0.

Payments of Benefits

Generally, all distributions are made in a single lump-sum payment. The Plan allows for in-service withdrawals from the elective deferral accounts of participants who have attained the age of 59½ and all accounts upon retirement age, as defined. The Plan also allows for hardship distributions to cover immediate and heavy financial needs from a participant's vested account balance (without respect to safe harbor matching account). If a participant's account balance is less than \$5,000, the distribution is in the form of a lump sum, as defined.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies

Notes Receivable from Participants

Subject to approval by the Plan administrator, a participant may borrow a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms range from one to five years (up to ten years for the purchase of a primary residence). The loans are secured by the balance in a participant's vested account and bear interest at a reasonable rate established by the Plan administrator, commensurate with the interest rate charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest are paid ratably through payroll deductions.

Plan Expenses

General operational expenses are charged to the Plan and all other expenses incurred in the administration of the Plan are paid by the Employer.

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

Benefits Paid

Benefits are recorded when paid.

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies

Use of Estimates

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

Subsequent Events

The Employer has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued.

Note 3 - Information Certified by the Trustee and Custodian

Plan investments are held under a group annuity contract, primarily in mutual fund accounts and a guaranteed interest account by the Plan's trustee and custodian, Great-West Trust Company, LLC ("Great-West Trust") and Great-West Life & Annuity Insurance Company ("Great-West Life"). The fair and contract values of all investments as of December 31, 2020 and all investment transactions for the year then ended, including interest and dividends, and net appreciation in fair values, are reported to the Plan and certified as complete and accurate by Great-West. Information included in the supplemental schedule has also been derived from information certified by Great-West Trust and Great-West Life. The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on the Participant's risk tolerance. Participants in the Plan may direct contributions to a variety of investment options.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

- Level I –*** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level II –*** Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Mutual Funds

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

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

Description	Assets at Fair Value as of December 31, 2020			
	Level I	Level II	Level III	Total
Mutual funds	\$ <u>12,147,573</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>12,147,573</u>
Total assets in the fair value hierarchy	\$ <u>12,147,573</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>12,147,573</u>

Description	Assets at Fair Value as of December 31, 2019 (Unaudited)			
	Level I	Level II	Level III	Total
Mutual funds	\$ <u>8,277,899</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>8,277,899</u>
Total assets in the fair value hierarchy	\$ <u>8,277,899</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>8,277,899</u>

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 5 - Fully Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive investment contract in a guaranteed interest account with Great-West Life that invests contributions in the Guaranteed Portfolio Fund valued at \$301,665 and \$221,239 as of December 31, 2020 and 2019, respectively. The Guaranteed Portfolio Fund is a general account product. The methodology for calculating the crediting interest rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum crediting interest rate, as stated in the contract, and prevailing market conditions. The crediting interest rate is reset quarterly. Because the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for the group annuity contract. Contract value, as reported by Great-West Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. For the year ended December 31, 2020, the average yield for the guaranteed interest fund was 2.18%. Interest rates reset quarterly. At December 31, 2020, the crediting interest rate for the guaranteed interest fund was 2.73%. The average yield equals the crediting rate for each contract. There were no reserves against contract value for credit risk of the contract issuer or otherwise. Interest rates are reset quarterly.

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

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

The Plan's ability to receive amounts due is dependent of the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6 - Risks and Uncertainties

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

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 6 - Risks and Uncertainties (Continued)

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) pandemic. The spread of this virus has caused disruption to the economy worldwide and could result in changes in the values of investment securities that could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits in the future.

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. Any unallocated assets of the Plan will be allocated to participant accounts and distributed in such a manner as the Employer may determine.

Note 8 - Tax Status

The Plan has adopted the Kenneth D. Anderson Company, Inc. Volume Submitter Profit Sharing Plan with CODA ("Cash or Deferral Arrangement") which obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 9 - Related-Party Transactions and Party-in-Interest Transactions

Three executives of the Employer serves as the Plan's trustee. Certain Plan investments are shares of mutual funds and a guaranteed investment account managed by Great-West Trust and Great-West Life. The Employer has engaged Great-West to serve as custodian and Putnam Fiduciary Trust Company ("Putnam"), a related entity of Great-West, to serve as the directed trustee (or corporate trustee) of the Plan and, therefore, these transactions qualify as party-in-interest. During the Plan year ended December 31, 2020, \$80,501 of administrative expenses was incurred by the Plan to Great-West. Notes receivable from participants also qualify as exempt party-in-interest transactions, as defined by ERISA.

During the Plan year ended December 31, 2020, the Plan received revenue credits of \$22,926 from Great-West and used \$22,926 to pay Plan expenses. The revenue credits are reported as other income on the Statement of Changes in Net Assets Available for Benefits.

Note 10 - Reconciliation of Financial Statements to Form 5500

At December 31, the following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2020	2019 (Unaudited)
Net assets available for benefits per the financial statements at December 31	\$ 12,552,862	\$ 8,625,335
2019 excess Employer contributions	-	(22,382)
Forfeitures used for Employer contributions reported as a receivable on the 2019 5500	-	8,526
Deemed distributions of notes receivable from participants	<u>(5,749)</u>	<u>(5,973)</u>
Net assets available for benefits per Form 5500	\$ <u>12,547,113</u>	\$ <u>8,605,506</u>

Corrona, LLC 401(k) Plan

Notes to Financial Statements

Note 10 - Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2020:

Net increase in net assets available for benefits per financial statements	\$ 3,927,527
2019 excess Employer contributions	22,382
Deemed distributions of notes receivable from participants reported on the Form 5500 in 2020	(5,749)
Reversal of 2019 Employer receivable funded with forfeitures	(8,526)
Deemed distributions of notes receivable from participants reported on the Form 5500 in 2019	<u>5,973</u>
Net income per Form 5500	\$ <u>3,941,607</u>

Note 11 - Delinquent Participant Contributions

Under U.S Department of Labor Regulations Section 2510.3-102, 401(k) Plan related salary deferrals and loan repayments withheld from employees' paychecks must be deposited into the Plan as soon as reasonably possible. When this regulation is not satisfied, the Employer has engaged in a prohibited transaction. While the Employer remitted all employee contributions to the Plan during the year ended December 31, 2020, contributions and loan repayments of \$101,964 were not remitted timely. The Employer has calculated and funded the lost earnings in to the Plan prior to December 31, 2020.

Supplemental Schedules

Corrona, LLC 401(k) Plan

(E.I.N. 46-5268103- Plan Number 001)

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2020

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
✓ 2020	n/a	\$101,964	n/a	n/a

Corrona, LLC 401(k) Plan

(E.I.N. 46-5268103- Plan Number 001)

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

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	KEY GUARANTEED PORTFOLIO FUND	Guaranteed Investment Account	\$	301,665
	FIDELITY 500 INDEX	Mutual Funds		1,443,435
	VANGUARD GROWTH INDEX ADM	Mutual Funds		1,421,291
	TIAA-CREF LIFECYCLE INDEX 2045 INST	Mutual Funds		1,037,212
	PIMCO INCOME INSTL	Mutual Funds		1,023,346
	VANGUARD EQUITY-INCOME ADM	Mutual Funds		898,333
	VANGUARD BALANCED INDEX ADM	Mutual Funds		652,226
	FIDELITY INTERNATIONAL INDEX	Mutual Funds		599,815
	TIAA-CREF LIFECYCLE INDEX 2050 INSTL	Mutual Funds		554,787
	VANGUARD INTERNATIONAL GROWTH ADM	Mutual Funds		430,619
	TIAA-CREF LIFECYCLE INDEX 2035 INST	Mutual Funds		415,963
	PRINCIPAL SMALLCAP S&P 600 INDEX INST	Mutual Funds		387,924
	MFS MID CAP GROWTH R6	Mutual Funds		365,351
	TIAA-CREF LIFECYCLE INDEX 2025 INST	Mutual Funds		323,523
	VANGUARD MID CAP INDEX FUND - ADMIRAL	Mutual Funds		295,724
	TIAA-CREF LIFECYCLE INDEX 2040 INST	Mutual Funds		250,840
	JPMORGAN SMALL CAP GROWTH R6	Mutual Funds		245,640
	VANGUARD MID-CAP VALUE INDEX ADMIRAL	Mutual Funds		237,903
	TIAA-CREF LIFECYCLE INDEX 2055 INST	Mutual Funds		222,751
	TIAA-CREF LIFECYCLE INDEX 2030 INST	Mutual Funds		197,914
	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	Mutual Funds		165,136
	VANGUARD 500 INDEX ADMIRAL	Mutual Funds		161,000
	FIDELITY EMERGING MARKETS INDEX	Mutual Funds		158,229
	AMERICAN CENTURY EMERGING MARKETS R6	Mutual Funds		130,665
	TIAA-CREF LIFECYCLE INDEX 2060 INSTL	Mutual Funds		94,408
	VANGUARD TOTAL INTL BD IDX ADMIRAL	Mutual Funds		85,958
	VANGUARD HIGH-YIELD CORPORATE ADM	Mutual Funds		85,383
	TIAA-CREF LIFECYCLE INDEX 2020 INST	Mutual Funds		73,863
	VANGUARD LIFESTRATEGY CNSRV GR INV	Mutual Funds		64,801
	VANGUARD INFLATION-PROTECTED SECS ADM	Mutual Funds		47,238
	VANGUARD REAL ESTATE INDEX ADMIRAL	Mutual Funds		41,468
	TIAA-CREF LIFECYCLE INDEX 2010 INST	Mutual Funds		34,827
*	Participant Loans	Loans (Interest Rates 4.25% - 6.50%)	0	103,624
				\$ <u>12,552,862</u>

* A party-in-interest as defined by ERISA.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

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

Corrona, LLC 401(k) Plan

1b Three-digit plan number (PN) ▶

001

1c Effective date of plan

01/01/2014

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)

Corrona, LLC

2b Employer Identification Number (EIN)

46-5268103

2c Plan Sponsor's telephone number

(508) 266-8256

2d Business code (see instructions)

541700

1440 Main Street, Suite 310

Waltham, MA 02451

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

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

SIGN HERE	<i>Davina Archer-Dyer</i>	04/06/2021	Davina Archer-Dyer
	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

50066-01
GA

PARTICIPANT SUMMARY BY INVESTMENT OPTION

Corona, LLC 401(k) Plan
01-JAN-20 to 31-DEC-20

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SUMMARY OF DOLLAR ACTIVITY

INVESTMENT OPTION	BEGINNING BALANCE	CONTRIBUTIONS/ DEPOSITS	ADDITIONAL DEPOSITS	TRANSFERS IN	INTEREST/ DIVIDENDS	CHANGE IN VALUE	TRANSFERS OUT	FEES	WITHDRAWALS	ENDING BALANCE
ITLTIX	6,024.54	16,754.80	92.43	8,593.88	771.45	3,276.59	(564.67)	(121.66)	0.00	34,827.36
ITLWIX	5,258.15	58,904.66	2,970.96	0.00	1,568.33	5,265.65	0.00	(104.32)	0.00	73,863.43
ITLQIX	204,608.79	128,360.08	46,580.08	0.00	6,649.39	36,443.84	(18,645.39)	(1,424.47)	(79,049.99)	323,522.84
ITLHIX	60,312.52	36,665.90	136,290.94	289.06	3,971.43	23,930.51	(42,079.16)	(536.56)	(20,950.69)	197,913.95
ITLYIX	202,493.53	156,111.38	1,505.62	0.00	8,148.95	49,484.38	(237.88)	(1,523.22)	0.00	415,962.76
ITLZIX	66,547.99	96,971.90	87,460.51	0.00	4,697.14	37,801.32	(9,746.85)	(658.07)	(32,233.84)	250,840.10
ITLXIX	567,212.74	280,095.96	87,021.81	0.00	17,830.58	141,945.09	(32,628.35)	(4,254.07)	(20,011.45)	1,037,212.31
ITLLIX	74,957.68	170,449.07	211,217.35	0.00	9,197.38	94,831.11	(4,679.54)	(1,186.31)	0.00	554,786.74
ITTBIX	92,768.52	90,394.98	11,479.69	0.00	3,556.93	28,577.40	(3,345.21)	(681.26)	0.00	222,751.05
ITVIX	61,586.56	19,072.18	0.00	0.00	1,496.61	12,629.69	0.00	(376.82)	0.00	94,408.22
IAEDMX	64,639.01	18,151.18	108.20	38,849.62	1,047.29	20,296.54	(11,830.42)	(455.23)	(140.87)	130,665.32
IPADIX	94,897.20	21,889.52	965.91	33,466.42	2,110.35	23,626.58	(17,264.90)	(728.60)	(735.47)	158,227.01
IPSPIX	507,530.50	92,989.88	3,145.48	21,523.16	10,881.65	44,756.22	(14,328.33)	(3,333.03)	(63,350.11)	599,815.42
IWMIX	217,337.47	55,515.11	560.90	69,560.21	8,735.45	124,658.60	(42,091.63)	(1,548.65)	(2,108.93)	430,618.53
IVGSLX	51,056.30	11,792.19	331.08	6,478.10	1,676.87	(2,386.85)	(18,795.50)	(321.50)	(8,162.44)	41,468.25
IUGSMX	130,410.89	17,917.80	541.38	81,671.33	15,762.04	73,501.68	(58,521.85)	(906.64)	(14,688.14)	245,659.99
IPSSIX	325,979.33	56,956.55	589.17	3,621.02	8,227.23	38,191.23	(9,773.73)	(1,866.28)	(34,000.60)	387,923.92
IVSLIX	221,957.59	26,781.14	39.41	13,244.73	3,647.42	1,730.70	(88,521.85)	(1,234.00)	(12,509.09)	165,136.05
IOTCKX	232,378.49	40,455.03	88.67	80,642.51	2,696.57	78,828.96	(41,285.31)	(1,434.42)	(27,019.66)	365,350.84
IVIMAX	257,431.06	41,606.82	1,112.52	26,180.43	4,423.46	50,610.26	(65,067.11)	(1,636.56)	(16,772.88)	295,723.54
IWMVAX	274,641.15	47,280.89	1,036.93	7,208.74	6,457.98	(2,332.90)	(78,017.37)	(1,699.12)	(15,937.34)	1,443,434.65
IFXALX	1,146,923.73	189,484.69	3,147.63	74,933.31	22,084.99	214,576.84	(56,937.56)	(7,443.50)	(143,337.48)	1,610,000.40
IVEIAX	84,300.98	56,971.68	59.12	21,842.76	2,330.30	26,880.37	(690.38)	(722.14)	(29,972.29)	898,332.82
IVEIRX	823,567.99	116,240.39	1,403.14	13,741.92	15,935.13	9,708.90	(15,437.19)	(4,930.47)	(85,195.91)	652,226.27
IVTGAX	927,688.22	146,735.54	1,614.48	121,934.85	8,544.89	376,244.83	(69,969.36)	(6,306.73)	(18,452.84)	1,421,290.81
IVBLAX	469,793.88	108,347.90	1,368.64	25,698.93	1,933.63	76,021.28	(23,336.89)	(286.04)	0.00	64,800.68
IVSCGX	40,350.40	18,395.43	0.00	0.00	4,709.55	10,407.81	(41,788.46)	(5,831.31)	(130,217.58)	1,023,345.94
IPMIX	906,344.24	179,981.05	1,261.80	56,178.84	5,854.42	(975.50)	(96,155.42)	(811.17)	(183.13)	85,383.25
IWMVAX	135,618.31	20,062.36	121.99	21,851.39	796.78	3,707.09	(67,900.37)	(349.89)	(5,358.05)	47,238.20
IVAPX	5,782.94	11,829.79	302.88	59,169.92	639.20	1,067.08	(1,581.50)	(306.03)	(38,876.17)	301,665.12
IVTABX	17,496.09	409.31	1,041.69	128,977.93	3,093.99	0.00	(82,595.41)	(80.90)	0.00	0.00
IKGPF	221,238.55	68,865.44	1,041.69	128,977.93	3,093.99	0.00	(82,595.41)	(80.90)	0.00	0.00
TOTALS	8,499,137.34	2,416,454.04	603,869.72	1,013,886.09	256,217.35	1,607,612.56	(1,013,886.09)	(56,248.73)	(877,804.88)	12,449,237.40

YEAR TO DATE		INCEPTION TO DATE	
CONTRIBUTIONS/ DEPOSITS	WITHDRAWALS	CONTRIBUTIONS/ DEPOSITS	WITHDRAWALS
2,416,454.04	(877,804.88)	10,350,057.64	(1,251,012.81)

PARTICIPANT COUNTS:

PARTICIPANTS WHO ARE CURRENTLY EMPLOYED AND HAVE AN
ENDING ACCOUNT BALANCE: 149
PARTICIPANTS WHO TERMINATED EMPLOYMENT AND HAVE AN
ENDING ACCOUNT BALANCE: 19
PARTICIPANTS WITH A ZERO ENDING ACCOUNT BALANCE: 13

PARTICIPANT SUMMARY BY INVESTMENT OPTION
Corriona, LLC 401(k) Plan
01-JAN-20 to 31-DEC-20

SUMMARY OF UNIT/SHARE ACTIVITY

INVESTMENT OPTION	BEGINNING		CONTRIBUTIONS/ DEPOSITS	ADDITIONAL DEPOSITS	TRANSFERS		DIVIDENDS	EARNINGS	TRANSFERS		FEES	WITHDRAWALS	ENDING	
	UNITS/ SHARES	VALUE			IN	OUT			OUT	IN			UNITS/ SHARES	VALUE
ITLTX	376,298.00	1,049,283,297	5,723,220	554,086,966	44,310,743	0.226260	(33,432,208)	(7,497,499)	0.000000	1,988,997,859	17,510,000			
ITLWX	293,751,212	3,212,792,318	153,557,984	0.000000	79,813,223	0.009938	0.000000	(5,656,163)	0.000000	3,734,248,742	19,780,000			
ITLQIX	10,774,534,575	6,715,996,752	2,664,764,402	0.000000	316,031,369	0.300247	(943,895,884)	(75,315,626)	(4,184,722,191)	15,267,713,544	21,900,000			
ITLHX	2,999,130,746	1,828,718,604	6,902,990,423	15,692,725	176,979,947	0.000000	(2,089,332,884)	(26,469,783)	(1,054,328,666)	8,755,380,912	22,610,000			
ITLYX	9,566,601,041	7,452,968,720	74,606,477	0.000000	342,556,777	0.947672	(12,604,105)	(72,834,302)	0.000000	17,346,236,450	23,980,000			
ITLZX	3,030,418,029	4,456,449,645	4,322,976,189	0.000000	189,248,185	0.274090	(433,310,484)	(30,104,261)	(1,518,315,649)	10,017,575,744	25,040,000			
ITLXIX	23,573,161,869	13,026,524,429	3,977,354,459	0.000000	705,882,029	1.396859	(1,535,144,516)	(197,476,257)	(886,706,110)	40,674,993,762	25,500,000			
ITLIX	3,362,838,056	7,736,377,966	10,394,066,442	0.000000	361,532,225	0.171948	(197,866,046)	(53,275,177)	0.000000	21,603,845,614	20,600,000			
ITLIXX	5,191,299,372	5,091,375,891	620,859,833	0.000000	174,359,309	0.229958	(225,723,607)	(39,242,126)	0.000000	10,813,158,180	15,880,000			
ITVIX	4,479,022,401	1,399,035,210	0.000000	0.000000	95,143,675	0.381768	0.000000	(28,480,831)	0.000000	5,945,102,223	15,210,000			
IAEDMX	5,242,418,608	1,603,838,280	9,649,621	2,738,427,255	95,294,818	0.198148	(1,045,919,931)	(38,883,569)	(14,271,726)	8,590,751,504	12,410,000			
HPADXX	8,642,731,471	2,178,153,039	79,824,825	2,994,160,828	170,878,548	0.335411	(1,507,132,167)	(69,948,344)	(69,302,916)	12,419,700,705	45,610,000			
HPSPXX	11,814,024,840	2,419,232,044	72,471,639	599,660,784	244,916,723	0.343696	(327,361,842)	(85,462,669)	(1,586,863,544)	13,150,961,871	160,290,000			
IVWIX	2,114,383,310	496,797,062	3,847,407	478,514,264	55,676,883	0.056334	(428,475,877)	(13,629,621)	(20,763,979)	2,686,496,583	120,380,000			
IVOSLX	388,024,693	102,945,705	2,702,390	60,451,724	14,783,476	0.009828	(153,156,668)	(2,792,293)	(68,491,469)	344,477,386	7,970,147,705			
IVGSNX	6,338,405,236	837,665,174	18,628,922	3,040,855,221	532,893,392	0.062353	(2,231,353,760)	(42,068,157)	(544,940,346)	14,385,357,342	26,970,000			
IVPSIX	13,154,938,730	2,767,475,348	23,338,971	194,026,092	307,000,471	0.419498	(443,848,076)	(89,292,782)	(1,530,518,101)	2,704,045,275	30,390,000			
IVSIXX	3,769,019,942	559,919,162	0.812,410	235,509,103	74,846,331	0.073698	(1,665,490,499)	(25,675,734)	(244,969,138)	12,022,073,397	61,610,000			
IVOTCX	10,300,464,806	1,730,887,050	3,716,458	2,997,853,776	93,113,601	0.189107	(1,896,751,758)	(61,201,077)	(1,106,198,566)	3,861,441,431	256,400,000			
IVIMAX	1,166,641,316	203,250,022	17,251,448	133,062,741	127,133,197	0.022680	(276,569,425)	(7,922,181)	(84,924,310)	1,153,367,909	61,610,000			
IVVAXX	4,444,751,085	918,621,641	4,814,589	2,997,853,776	125,697,498	0.136308	(1,440,424,269)	(32,497,061)	(395,157,960)	11,088,842,751	130,170,000			
IVFXAX	10,238,579,950	1,740,721,260	26,071,451	734,267,067	198,168,030	0.246509	(507,780,251)	(68,257,798)	(1,273,173,467)	464,555,788	346,570,000			
IVTAX	282,756,422	196,311,324	0.205,007	81,199,544	7,888,986	0.020146	(2,250,996)	(2,492,057)	(99,084,588)	11,323,999,121	79,530,000			
IVEXRX	10,351,535,601	1,677,105,308	18,724,506	179,353,478	363,352,616	0.261764	(240,260,113)	(69,618,623)	(956,453,416)	10,894,456,766	130,460,000			
IVIGAX	9,885,850,594	1,462,918,356	16,046,913	1,051,352,399	82,474,167	0.189386	(717,193,281)	(61,868,957)	(825,312,721)	14,709,659,411	44,340,000			
IVBLAX	11,975,371,750	2,798,779,709	34,941,026	658,183,792	397,314,693	0.320721	(625,881,397)	(80,382,178)	(448,488,705)	2,858,432,755	22,670,000			
IVSCGX	1,918,706,455	864,215,804	0.000000	0.000000	89,030,469	0.088436	0.000000	(13,608,409)	0.000000	84,504,209,063	121,100,000			
IVPMIX	75,277,761,165	15,600,663,987	110,200,873	4,791,711,351	4,046,836,076	2.784313	(3,646,669,182)	(504,554,838)	(11,174,524,682)	14,278,136,948	5,980,000			
IVWEAX	22,754,752,732	3,523,951,293	21,364,274	3,669,499,634	1,024,020,173	0.543588	(16,539,316,495)	(142,888,309)	(33,786,923)	1,668,016,595	28,320,000			
IVAPXX	223,452,143	428,415,859	11,242,762	3,565,507,268	28,272,763	0.085047	(2,392,512,766)	(12,628,830)	(183,666,611)	3,674,997,843	23,390,000			
IVTABX	773,479,013	625,974,467	17,897,245	2,542,920,859	27,571,006	0.167171	(69,197,130)	(13,340,442)	(230,473,446)					

Only funds that vary with market conditions are noted.