

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>07/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SYNEXUS CLINICAL RESEARCH US,</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>SYNEXUS CLINICAL RESEARCH US</u> <u>2141 EAST BROADWAY ROAD</u> <u>SUITE 120</u> <u>TEMPE, AZ 85282</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>94-3150948</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>480-282-6527</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541700</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>		2b Employer Identification Number (EIN) <u>94-3150948</u>		2c Plan Sponsor's telephone number <u>480-282-6527</u>		2d Business code (see instructions) <u>541700</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2002</u>											
2b Employer Identification Number (EIN) <u>94-3150948</u>											
2c Plan Sponsor's telephone number <u>480-282-6527</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.	05/16/2022	SCOTT ALLEN
	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 (2021)
v. 210624

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	637
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)	478
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H			
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/31/2021		
A Name of plan SYNEXUS CLINICAL RESEARCH US,	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNEXUS CLINICAL RESEARCH US	D Employer Identification Number (EIN) 94-3150948	

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	
ALLIANCEBERNSTEIN L.P.	
13-4064930	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS DISTRIBUTORS, INC.	
95-2769620	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK INVESTMENTS, INC.	
23-2784752	

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

DWS DISTRIBUTORS, INC.

36-3976708

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE 03N
SMITHFIELD, RI 02917

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

INVESCO

1555 PEACHTREE STREET NW
1800
ATLANTA, GA 30309

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

WELLS FARGO FUNDS DISTRIBUTOR, LLC

525 MARKET STREET
12TH FLOOR
SAN FRANCISCO, CA 94105

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

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

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

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

ADP, INC.

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	26752	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(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?
60 59 63	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DWS DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE 03N SMITHFIELD, RI 02917	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO 1555 PEACHTREE STREET NW 1800 ATLANTA, GA 30309	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NYLIFE DISTRIBUTORS, LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(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:

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/31/2021		
A Name of plan SYNEXUS CLINICAL RESEARCH US,	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNEXUS CLINICAL RESEARCH US	D Employer Identification Number (EIN) 94-3150948	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	268122	
(9) Value of interest in common/collective trusts	1c(9)	1231430	
(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)	21922674	
(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	23422226	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23422226	0
---	-----------	----------	---

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)	365840	
(B) Participants	2a(1)(B)	1201303	
(C) Others (including rollovers).....	2a(1)(C)	130646	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1697789
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)	9360	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9360
(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)	531045	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		531045
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		12618
(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)		2189305
c Other income.....	2c		24
d Total income. Add all income amounts in column (b) and enter total.....	2d		4440141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2005858	
(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)		2005858
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		35462
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)		
(4) Other.....	2i(4)	26752	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26752
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2068072
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2372069
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		25794295

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: LOHMAN COMPANY, PLLC

(2) EIN: 86-0985325

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		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)
PHARM PROD DEV LLC RS PLAN	56-1640186	001

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>2021</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 07/31/2021		
A Name of plan SYNEXUS CLINICAL RESEARCH US,		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNEXUS CLINICAL RESEARCH US		D Employer Identification Number (EIN) 94-3150948
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 57-1198022		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

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 _____

**SYNEXUS CLINICAL RESEARCH US,
INC. 401(K) PLAN**

**FINANCIAL STATEMENTS
(Audited)**

**PERIOD ENDED
JULY 31, 2021**



LOHMAN COMPANY, PLLC

Certified Public Accountants & Business Consultants

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Synexus Clinical Research US, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Synexus Clinical Research US, Inc. 401(k) Plan ("Plan"), which comprise the statements of net assets available for benefits as of July 31, 2021 and December 31, 2020, and the related statement of changes in net assets available for benefits for the period ended July 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the State Street Bank and Trust Company, as the custodian, holds the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the trustee as of July 31, 2021 and December 31, 2020 and for the period ended July 31, 2021, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis-of-Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 4 to the financial statements, the Plan's sponsor was acquired, and the Plan has been merged into the acquirer's Plan. This indicates that the Plan is not a going concern. The financial statements do not include any adjustments related to that matter. Our opinion is not modified with respect to that matter.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

A handwritten signature in black ink that reads "Lohman Company, PLLC". The signature is written in a cursive, flowing style.

Mesa, Arizona
March 21, 2022

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
July 31, 2021 and December 31, 2020

ASSETS	2021	2020
Investments at fair value		
Registered investment companies (mutual funds)	\$ -	\$ 21,922,674
Stable value fund	-	1,231,430
Total investments at fair value	-	23,154,104
Receivables		
Notes receivable from participants	-	288,239
Total receivables	-	288,239
Total assets	-	23,442,343
Net assets available for benefits	\$ -	\$ 23,442,343

See accompanying notes to financial statements

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Period Ended July 31, 2021

Additions to net assets attributed to

Investment income	
Net appreciation in fair value of investments	\$ 2,201,923
Dividends	531,045
Total investment gain	<u>2,732,968</u>
Interest on notes receivable from participants	<u>9,360</u>
Other income	<u>24</u>
Contributions	
Participants'	1,201,303
Employer	365,840
Rollovers	130,646
Total contributions	<u>1,697,789</u>
Total additions	<u>4,440,141</u>

Deductions from net assets attributed to

Benefits paid to participants	2,005,858
Administrative expenses	<u>26,752</u>
Total deductions	<u>2,032,610</u>

Net increase	2,407,531
Transfer of plan assets due to merger	(25,849,874)
Net assets available for benefits	
Beginning of year	<u>23,442,343</u>
Ending Balance	<u><u>\$ -</u></u>

See accompanying notes to financial statements

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Synexus Clinical Research US, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions. Effective October 1, 2018, the Plan was amended to change the name to Synexus Clinical Research US, Inc. 401(k) Plan from Clinical Research Advantage, Inc. 401(k) Plan. The Plan was merged into the Pharmaceutical Product Development, LLC Retirement Savings Plan. See Note 4.

General:

The Plan is a defined contribution savings plan established for the benefit of substantially all employees of Synexus Clinical Research US, Inc. ("Company"). Effective October 1, 2018, due to internal restructuring, the Company's name was changed from Clinical Research Advantage, Inc. to Synexus Clinical Research US, Inc. The Company is the Sponsor and Administrator of the Plan. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC") and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On October 28, 2013, the Clinical Research Advantage, Inc. Board of Directors approved the merger of the Radiant Research, Inc. 401(k) Plan into this Plan effective January 1, 2014. The Plan name was changed from Clinical Research Advantage Holdings, LLC 401(k) Plan to Clinical Research Advantage, Inc. 401(k) Plan.

Effective October 15, 2014, Heartland Health Therapy, Inc. and the Company terminated their affiliation. There was no requirement that the Heartland Health Therapy, Inc. balances needed to be transferred out. As such movement out by Heartland Health Therapy, Inc. will only be done at the request of the former employee and through normal distribution procedures.

During the year ended December 31, 2017, the Clinical Research Advantage, Inc. Board of Directors approved the acquisition of the Synexus U.S. L.P. ("Synexus") with the Company. Synexus' 401k plan was administered through a professional employer organization, Staff One Inc. 401(k) Plan. Effective July 1, 2017, Synexus employees became participants of the Plan. On November 28, 2017, assets totaling approximately \$544,000 were transferred from the Staff One Inc. 401(k) Plan. Employees of Synexus had the service and age requirement waived in determining eligibility. In addition, employees were credited with service from employment at Synexus.

During the year ended December 31, 2017, the Clinical Research Advantage, Inc. Board of Directors approved the acquisition of Optimal Research, LLC ("Optimal"), a subsidiary of Accelovance, Inc., with the Company. Optimal employees were participants of the Accelovance Inc. 401(k) Plan. Effective September 1, 2017, the Plan was amended to include employees of Optimal. The Accelovance Inc. 401(k) Plan did not terminate and, as a result, Optimal participants of the Accelovance Inc. 401(k) Plan have the option, at their request, of transferring their assets into the Plan through normal rollover procedures. Employees of Optimal had the service and age requirement waived in determining eligibility. In addition, employees were credited with service from employment at Optimal.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Eligibility:

All employees of the Company, with the exclusion of union, nonresident aliens or leased employees, who have reached at least twenty-one years of age are eligible to contribute to the Plan immediately. Upon acquisition, participants merged into the Plan from the Radiant Research, Inc. 401(k) Plan, Synexus and Optimal had the service and age requirement waived in determining their eligibility. Effective August 15, 2016, participants joining into the Plan from Pharmaceutical Product Development, LLC ("PPD"), the Plan Sponsor's parent company, will be credited with service from employment at PPD.

Effective January 1, 2020, the Plan was amended and all participants, except part-time, temporary or seasonal employees are eligible to receive discretionary matching and profit-sharing contributions for the plan year upon meeting the eligibility requirements to participate in the Plan. Part-time, temporary or seasonal employee must be credited with 1,000 or more hours of service in the preceding twelve months to be eligible to receive discretionary matching and profit-sharing contributions.

Contributions:

Participants may make pre-tax salary deferral contributions up to 90% of total compensation, as defined by the Plan, not to exceed \$19,500 for 2021. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective July 1, 2016, all employees hired or rehired are automatically enrolled at a 3% pre-tax contribution rate once eligibility requirements are met, unless otherwise elected by the participant.

On an annual basis, the Company may elect a discretionary matching contribution to be allocated to active participants, who meet the service requirement. The Company elected to match 50% of the employee's salary deferral up to 6% of the employee compensation, for a maximum employer match of 3% for the year ended December 31, 2021. Matching contributions are made on a per pay period basis.

The Company may also elect to make a discretionary profit-sharing contribution to be allocated to active participants who meet the service requirement. No such election was made for the period ended July 31, 2021.

Participants may rollover amounts representing distributions from other qualified defined benefit or contribution plans.

All contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contributions, if applicable, and Plan earnings (net administrative expenses). Plan earnings are allocated based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Participants' investment options:

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time.

Vesting:

Participants are immediately vested in their salary deferral contributions, rollovers, previous Company safe harbor matching and matching contributions plus actual earnings. The portion of the participants' accounts attributable to Synexus Clinical Research US, Inc.'s discretionary contributions, plus the actual earnings become 20% vested after one year of credited service, as defined by the Plan, and continues to vest at the rate of 20% for each successive year of service until 100% vested after five years of service.

Forfeitures:

Non-vested account balances are forfeited by the Plan participant upon termination, as defined in the Plan. In addition, forfeited accounts shall be used first to pay Plan expenses and then to reduce the Company's contributions. As of July 31, 2021 and December 31, 2020, the balance of forfeited non-vested accounts totaled \$0 and \$22,638, respectively. During the period ended July 31, 2021, the value of forfeited non-vested accounts used to pay Plan expenses or reduce the Company's contributions was \$18,259. Participants who become re-employed by the Company and fulfill certain requirements, as defined in the Plan, shall become eligible to have a previously forfeited account balance reinstated.

Notes receivable from participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the Prime rate plus one percent, which is commensurate with local prevailing rates. Loan terms are up to five years, or thirty years if used to purchase a principal residence. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, upon attaining age 59 ½ and still employed, or termination of employment, as defined in the Plan agreement. A participant may elect to receive an amount equal to the value of the participant's vested account balance in a lump-sum payment or annuity payments. If the total benefit is \$1,000 or less and the participant does not make an election, the entire amount may be paid in a lump-sum distribution at the discretion of the Plan Administrator. If the total benefit is between \$1,000 and \$5,000 and the participant does not make an election, the entire amount may be automatically rolled into an individual retirement account at the discretion of the Plan Administrator. In addition, participants may elect to receive benefits in the event of financial hardship.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies and Use of Estimates

Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure 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.

Investment valuation and income recognition:

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 5 for discussion of fair value measurements.

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

Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility 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. Plan investments are not insured by FDIC or similar coverage.

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 July 31, 2021 and December 31, 2020. Delinquent loans are treated as distributions based upon the terms of the Plan document.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies and Use of Estimates (Continued)

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent events:

The Plan Administrator has evaluated subsequent events through March 21, 2022, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by the Trustee

The financial statements and supplemental schedule include a summary of the Plan's asset information, that was prepared by or derived from information provided by the trustee, Reliance Trust Company, as of July 31, 2021 and December 31, 2020, for the period ended July 31, 2021, and furnished to the Plan Administrator. Plan Administrator has obtained certifications from the trustees that information provided to the Plan Administrator by the trustees related to the assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements.

Reliance Trust Company also certified to the completeness and accuracy of \$2,201,923 of net appreciation in fair value of investments and \$531,045 of dividends for the period ended July 31, 2021.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their entire account.

During 2016, the Company was acquired by Pharmaceutical Product Development, LLC. At the conclusion of business on July 30, 2021 Plan assets were liquidated, and on July 31, 2021 all Plan assets were transferred to the trustee of the Pharmaceutical Product Development, LLC Retirement Savings Plan. The Plan was merged into the Pharmaceutical Product Development, LLC Retirement Savings Plan effective August 2, 2021.

Note 5. 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. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1 Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement.
- Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs that are unobservable inputs for the asset or liability.

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

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 July 31, 2021 and December 31, 2020.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Registered investment companies (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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts (stable value fund): The investment in the Wells Fargo Stable Value Fund C, which is solely invested in the Wells Fargo Stable Return Fund G, is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value (“NAV”) of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require sufficient notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The stable value fund does not invest directly in fully benefit-responsive contracts.

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

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies (mutual funds)	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value ^(a)	-	-	-	-
Total investments	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies (mutual funds)	\$ 21,922,674	\$ -	\$ -	\$ 21,922,674
Investments measured at net asset value ^(a)	-	-	-	1,231,430
Total investments	<u>\$ 21,922,674</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,154,104</u>

^(a) In accordance with FASB Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Investments measured using the net asset value per share practical expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of July 31, 2021 and December 31, 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>July 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/collective trusts:				
Stable value fund	\$ -	n/a	Daily, 1 transfer per 30 days	12 months
Total investments using NAV	<u>\$ -</u>			

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/collective trusts:				
Stable value fund	\$ 1,231,430	n/a	Daily, 1 transfer per 30 days	12 months
Total investments using NAV	<u>\$ 1,231,430</u>			

Note 6. Tax Status

Effective January 1, 2002 and most recently amended on January 1, 2020, the Plan adopted a prototype plan sponsored by Automatic Data Processing (“ADP”). The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 position that more likely than not would not be sustained upon examination by the IRS. Management evaluated tax positions taken by the Plan and concluded that as of July 31, 2021 and December 31, 2020, there were no uncertain tax positions that require adjustment to or disclosure in the financial statements.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 7. Voluntary Compliance

During the year ended December 31, 2020, the Company identified certain operational defects and Plan compliance matters related to employer matching contributions for the year ended December 31, 2019. The Company corrected these defects by utilizing the self-correction program offered by the DOL and the Internal Revenue Service, as applicable. The Company followed the process for correcting specific violations including calculating and restoring any losses and profits with interest and distributing any supplemental benefits to participants. The Company contribution arising from the violations was \$560 and is included in employer contributions on the accompanying statements of net assets available for benefits.

During the period ended July 31, 2021, the Company identified certain operational defects and Plan compliance matters related to eligibility for part-time employees and employer matching contributions for the years ended December 31, 2017 through December 31, 2020. The Company will follow the process for correcting specific violations including calculating and restoring any losses and profits with interest and distributing any supplemental benefits to participants. There may be a receivable arising from the Company's responsibility to correct the violations; however, the Plan Administrator does not believe the correction will have a material effect on the financial statements. If the Company does not correct the operational defects and compliance matters, the Plan's tax-exempt status would be in jeopardy.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the period ended July 31, 2021:

Change in net assets available for benefits, per the financial statements	\$ 23,442,343
Deemed loan activity	<u>(20,117)</u>
Change in net assets available for benefits, per the Form 5500	<u>\$ 23,422,226</u>

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2020:

Net assets available for benefits, per the financial statements	\$ 23,442,343
Deemed distributed loans	<u>(20,117)</u>
Net assets, per the Form 5500	<u>\$ 23,422,226</u>

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 9. COVID-19 Pandemic

The outbreak of the novel coronavirus (“COVID-19”) has adversely impacted global commercial activity and contributed to significant volatility in financial markets. The outbreak could have a continued material adverse impact on economic and market conditions and trigger a period of global economic slowdown. The rapid development and fluidity of this situation precludes any prediction as to the ultimate material adverse impact of COVID-19. Nevertheless, COVID-19 presents material uncertainty to the Plan, its performance, and its financial results.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. Plan management adopted the CARES Act distribution provision which allows a withdrawal of up to \$100,000 (or full account balance if less than \$100,000) from the account without the 10% penalty on withdrawals prior to reaching age 59 ½.

**SYNEXUS CLINICAL RESEARCH US,
INC. 401(K) PLAN**

**FINANCIAL STATEMENTS
(Audited)**

**PERIOD ENDED
JULY 31, 2021**



LOHMAN COMPANY, PLLC

Certified Public Accountants & Business Consultants

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Synexus Clinical Research US, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Synexus Clinical Research US, Inc. 401(k) Plan ("Plan"), which comprise the statements of net assets available for benefits as of July 31, 2021 and December 31, 2020, and the related statement of changes in net assets available for benefits for the period ended July 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the State Street Bank and Trust Company, as the custodian, holds the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the trustee as of July 31, 2021 and December 31, 2020 and for the period ended July 31, 2021, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis-of-Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 4 to the financial statements, the Plan's sponsor was acquired, and the Plan has been merged into the acquirer's Plan. This indicates that the Plan is not a going concern. The financial statements do not include any adjustments related to that matter. Our opinion is not modified with respect to that matter.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

A handwritten signature in black ink that reads "Lohman Company, PLLC". The signature is written in a cursive, flowing style.

Mesa, Arizona
March 21, 2022

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
July 31, 2021 and December 31, 2020

ASSETS	2021	2020
Investments at fair value		
Registered investment companies (mutual funds)	\$ -	\$ 21,922,674
Stable value fund	-	1,231,430
Total investments at fair value	-	23,154,104
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Notes receivable from participants	-	288,239
Total receivables	-	288,239
Total assets	-	23,442,343
Net assets available for benefits	\$ -	\$ 23,442,343

See accompanying notes to financial statements

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Period Ended July 31, 2021

Additions to net assets attributed to

Investment income	
Net appreciation in fair value of investments	\$ 2,201,923
Dividends	531,045
Total investment gain	<u>2,732,968</u>
Interest on notes receivable from participants	<u>9,360</u>
Other income	<u>24</u>
Contributions	
Participants'	1,201,303
Employer	365,840
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Total contributions	<u>1,697,789</u>
Total additions	<u>4,440,141</u>

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Benefits paid to participants	2,005,858
Administrative expenses	<u>26,752</u>
Total deductions	<u>2,032,610</u>

Net increase	2,407,531
Transfer of plan assets due to merger	(25,849,874)
Net assets available for benefits	
Beginning of year	<u>23,442,343</u>
Ending Balance	<u><u>\$ -</u></u>

See accompanying notes to financial statements

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Synexus Clinical Research US, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions. Effective October 1, 2018, the Plan was amended to change the name to Synexus Clinical Research US, Inc. 401(k) Plan from Clinical Research Advantage, Inc. 401(k) Plan. The Plan was merged into the Pharmaceutical Product Development, LLC Retirement Savings Plan. See Note 4.

General:

The Plan is a defined contribution savings plan established for the benefit of substantially all employees of Synexus Clinical Research US, Inc. ("Company"). Effective October 1, 2018, due to internal restructuring, the Company's name was changed from Clinical Research Advantage, Inc. to Synexus Clinical Research US, Inc. The Company is the Sponsor and Administrator of the Plan. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC") and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On October 28, 2013, the Clinical Research Advantage, Inc. Board of Directors approved the merger of the Radiant Research, Inc. 401(k) Plan into this Plan effective January 1, 2014. The Plan name was changed from Clinical Research Advantage Holdings, LLC 401(k) Plan to Clinical Research Advantage, Inc. 401(k) Plan.

Effective October 15, 2014, Heartland Health Therapy, Inc. and the Company terminated their affiliation. There was no requirement that the Heartland Health Therapy, Inc. balances needed to be transferred out. As such movement out by Heartland Health Therapy, Inc. will only be done at the request of the former employee and through normal distribution procedures.

During the year ended December 31, 2017, the Clinical Research Advantage, Inc. Board of Directors approved the acquisition of the Synexus U.S. L.P. ("Synexus") with the Company. Synexus' 401k plan was administered through a professional employer organization, Staff One Inc. 401(k) Plan. Effective July 1, 2017, Synexus employees became participants of the Plan. On November 28, 2017, assets totaling approximately \$544,000 were transferred from the Staff One Inc. 401(k) Plan. Employees of Synexus had the service and age requirement waived in determining eligibility. In addition, employees were credited with service from employment at Synexus.

During the year ended December 31, 2017, the Clinical Research Advantage, Inc. Board of Directors approved the acquisition of Optimal Research, LLC ("Optimal"), a subsidiary of Accelovance, Inc., with the Company. Optimal employees were participants of the Accelovance Inc. 401(k) Plan. Effective September 1, 2017, the Plan was amended to include employees of Optimal. The Accelovance Inc. 401(k) Plan did not terminate and, as a result, Optimal participants of the Accelovance Inc. 401(k) Plan have the option, at their request, of transferring their assets into the Plan through normal rollover procedures. Employees of Optimal had the service and age requirement waived in determining eligibility. In addition, employees were credited with service from employment at Optimal.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Eligibility:

All employees of the Company, with the exclusion of union, nonresident aliens or leased employees, who have reached at least twenty-one years of age are eligible to contribute to the Plan immediately. Upon acquisition, participants merged into the Plan from the Radiant Research, Inc. 401(k) Plan, Synexus and Optimal had the service and age requirement waived in determining their eligibility. Effective August 15, 2016, participants joining into the Plan from Pharmaceutical Product Development, LLC ("PPD"), the Plan Sponsor's parent company, will be credited with service from employment at PPD.

Effective January 1, 2020, the Plan was amended and all participants, except part-time, temporary or seasonal employees are eligible to receive discretionary matching and profit-sharing contributions for the plan year upon meeting the eligibility requirements to participate in the Plan. Part-time, temporary or seasonal employee must be credited with 1,000 or more hours of service in the preceding twelve months to be eligible to receive discretionary matching and profit-sharing contributions.

Contributions:

Participants may make pre-tax salary deferral contributions up to 90% of total compensation, as defined by the Plan, not to exceed \$19,500 for 2021. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective July 1, 2016, all employees hired or rehired are automatically enrolled at a 3% pre-tax contribution rate once eligibility requirements are met, unless otherwise elected by the participant.

On an annual basis, the Company may elect a discretionary matching contribution to be allocated to active participants, who meet the service requirement. The Company elected to match 50% of the employee's salary deferral up to 6% of the employee compensation, for a maximum employer match of 3% for the year ended December 31, 2021. Matching contributions are made on a per pay period basis.

The Company may also elect to make a discretionary profit-sharing contribution to be allocated to active participants who meet the service requirement. No such election was made for the period ended July 31, 2021.

Participants may rollover amounts representing distributions from other qualified defined benefit or contribution plans.

All contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contributions, if applicable, and Plan earnings (net administrative expenses). Plan earnings are allocated based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Participants' investment options:

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time.

Vesting:

Participants are immediately vested in their salary deferral contributions, rollovers, previous Company safe harbor matching and matching contributions plus actual earnings. The portion of the participants' accounts attributable to Synexus Clinical Research US, Inc.'s discretionary contributions, plus the actual earnings become 20% vested after one year of credited service, as defined by the Plan, and continues to vest at the rate of 20% for each successive year of service until 100% vested after five years of service.

Forfeitures:

Non-vested account balances are forfeited by the Plan participant upon termination, as defined in the Plan. In addition, forfeited accounts shall be used first to pay Plan expenses and then to reduce the Company's contributions. As of July 31, 2021 and December 31, 2020, the balance of forfeited non-vested accounts totaled \$0 and \$22,638, respectively. During the period ended July 31, 2021, the value of forfeited non-vested accounts used to pay Plan expenses or reduce the Company's contributions was \$18,259. Participants who become re-employed by the Company and fulfill certain requirements, as defined in the Plan, shall become eligible to have a previously forfeited account balance reinstated.

Notes receivable from participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the Prime rate plus one percent, which is commensurate with local prevailing rates. Loan terms are up to five years, or thirty years if used to purchase a principal residence. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, upon attaining age 59 ½ and still employed, or termination of employment, as defined in the Plan agreement. A participant may elect to receive an amount equal to the value of the participant's vested account balance in a lump-sum payment or annuity payments. If the total benefit is \$1,000 or less and the participant does not make an election, the entire amount may be paid in a lump-sum distribution at the discretion of the Plan Administrator. If the total benefit is between \$1,000 and \$5,000 and the participant does not make an election, the entire amount may be automatically rolled into an individual retirement account at the discretion of the Plan Administrator. In addition, participants may elect to receive benefits in the event of financial hardship.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies and Use of Estimates

Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure 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.

Investment valuation and income recognition:

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 5 for discussion of fair value measurements.

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

Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility 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. Plan investments are not insured by FDIC or similar coverage.

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 July 31, 2021 and December 31, 2020. Delinquent loans are treated as distributions based upon the terms of the Plan document.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies and Use of Estimates (Continued)

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent events:

The Plan Administrator has evaluated subsequent events through March 21, 2022, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by the Trustee

The financial statements and supplemental schedule include a summary of the Plan's asset information, that was prepared by or derived from information provided by the trustee, Reliance Trust Company, as of July 31, 2021 and December 31, 2020, for the period ended July 31, 2021, and furnished to the Plan Administrator. Plan Administrator has obtained certifications from the trustees that information provided to the Plan Administrator by the trustees related to the assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements.

Reliance Trust Company also certified to the completeness and accuracy of \$2,201,923 of net appreciation in fair value of investments and \$531,045 of dividends for the period ended July 31, 2021.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their entire account.

During 2016, the Company was acquired by Pharmaceutical Product Development, LLC. At the conclusion of business on July 30, 2021 Plan assets were liquidated, and on July 31, 2021 all Plan assets were transferred to the trustee of the Pharmaceutical Product Development, LLC Retirement Savings Plan. The Plan was merged into the Pharmaceutical Product Development, LLC Retirement Savings Plan effective August 2, 2021.

Note 5. 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. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1 Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement.
- Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs that are unobservable inputs for the asset or liability.

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

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 July 31, 2021 and December 31, 2020.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Registered investment companies (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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts (stable value fund): The investment in the Wells Fargo Stable Value Fund C, which is solely invested in the Wells Fargo Stable Return Fund G, is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value (“NAV”) of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require sufficient notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The stable value fund does not invest directly in fully benefit-responsive contracts.

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

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies (mutual funds)	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value ^(a)	-	-	-	-
Total investments	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies (mutual funds)	\$ 21,922,674	\$ -	\$ -	\$ 21,922,674
Investments measured at net asset value ^(a)	-	-	-	1,231,430
Total investments	<u>\$ 21,922,674</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,154,104</u>

^(a) In accordance with FASB Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

Investments measured using the net asset value per share practical expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of July 31, 2021 and December 31, 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>July 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/collective trusts:				
Stable value fund	\$ -	n/a	Daily, 1 transfer per 30 days	12 months
Total investments using NAV	<u>\$ -</u>			

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/collective trusts:				
Stable value fund	\$ 1,231,430	n/a	Daily, 1 transfer per 30 days	12 months
Total investments using NAV	<u>\$ 1,231,430</u>			

Note 6. Tax Status

Effective January 1, 2002 and most recently amended on January 1, 2020, the Plan adopted a prototype plan sponsored by Automatic Data Processing (“ADP”). The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 position that more likely than not would not be sustained upon examination by the IRS. Management evaluated tax positions taken by the Plan and concluded that as of July 31, 2021 and December 31, 2020, there were no uncertain tax positions that require adjustment to or disclosure in the financial statements.

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 7. Voluntary Compliance

During the year ended December 31, 2020, the Company identified certain operational defects and Plan compliance matters related to employer matching contributions for the year ended December 31, 2019. The Company corrected these defects by utilizing the self-correction program offered by the DOL and the Internal Revenue Service, as applicable. The Company followed the process for correcting specific violations including calculating and restoring any losses and profits with interest and distributing any supplemental benefits to participants. The Company contribution arising from the violations was \$560 and is included in employer contributions on the accompanying statements of net assets available for benefits.

During the period ended July 31, 2021, the Company identified certain operational defects and Plan compliance matters related to eligibility for part-time employees and employer matching contributions for the years ended December 31, 2017 through December 31, 2020. The Company will follow the process for correcting specific violations including calculating and restoring any losses and profits with interest and distributing any supplemental benefits to participants. There may be a receivable arising from the Company's responsibility to correct the violations; however, the Plan Administrator does not believe the correction will have a material effect on the financial statements. If the Company does not correct the operational defects and compliance matters, the Plan's tax-exempt status would be in jeopardy.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the period ended July 31, 2021:

Change in net assets available for benefits, per the financial statements	\$ 23,442,343
Deemed loan activity	<u>(20,117)</u>
Change in net assets available for benefits, per the Form 5500	<u>\$ 23,422,226</u>

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2020:

Net assets available for benefits, per the financial statements	\$ 23,442,343
Deemed distributed loans	<u>(20,117)</u>
Net assets, per the Form 5500	<u>\$ 23,422,226</u>

SYNEXUS CLINICAL RESEARCH US, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 9. COVID-19 Pandemic

The outbreak of the novel coronavirus (“COVID-19”) has adversely impacted global commercial activity and contributed to significant volatility in financial markets. The outbreak could have a continued material adverse impact on economic and market conditions and trigger a period of global economic slowdown. The rapid development and fluidity of this situation precludes any prediction as to the ultimate material adverse impact of COVID-19. Nevertheless, COVID-19 presents material uncertainty to the Plan, its performance, and its financial results.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. Plan management adopted the CARES Act distribution provision which allows a withdrawal of up to \$100,000 (or full account balance if less than \$100,000) from the account without the 10% penalty on withdrawals prior to reaching age 59 ½.