

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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>12/31/2021</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>MARISCO, LTD. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1992</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>MARISCO, LTD.</u> <u>91-607 MALAKOLE STREET</u> <u>KAPOLEI, HI 96707-1831</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>99-0157085</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>808-682-1333</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>811310</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>99-0157085</u>	2c Plan Sponsor's telephone number <u>808-682-1333</u>	2d Business code (see instructions) <u>811310</u>	
2b Employer Identification Number (EIN) <u>99-0157085</u>					
2c Plan Sponsor's telephone number <u>808-682-1333</u>					
2d Business code (see instructions) <u>811310</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	ALFRED A. ANAWATI
	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 MARISCO, LTD. 91-607 MALAKOLE STREET KAPOLEI, HI 96707-1831		3b Administrator's EIN 99-0157085 3c Administrator's telephone number 808-682-1333																				
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		5 232																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">173</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">159</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">71</td></tr> <tr><td>6d</td><td style="text-align: right;">230</td></tr> <tr><td>6e</td><td style="text-align: right;">0</td></tr> <tr><td>6f</td><td style="text-align: right;">230</td></tr> <tr><td>6g</td><td style="text-align: right;">203</td></tr> <tr><td>6h</td><td style="text-align: right;">15</td></tr> </table>			6a(1)	173	6a(2)	159	6b	0	6c	71	6d	230	6e	0	6f	230	6g	203	6h	15
6a(1)	173																					
6a(2)	159																					
6b	0																					
6c	71																					
6d	230																					
6e	0																					
6f	230																					
6g	203																					
6h	15																					
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: 2A 2G 2J 2K 3D 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 12/31/2021	
A Name of plan MARISCO, LTD. 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARISCO, LTD.	D Employer Identification Number (EIN) 99-0157085

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	55998	215	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 23687	(b) Total amount of fees paid 15015
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROYAL ALLIANCE ASSOCIATES, INC. 200 LIBERTY FINANCIAL CENTER
15TH FLOOR
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23687	0	BROKER COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PENSION PROFESSIONALS LLC 1585 KAPIOLANI BLVD.
SUITE 1700
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	15015	PARTICIPANT LOAN AND DISTRIBUTION FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7744511
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	14303
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ JOHN HANCOCK CREDITS TO PARTICIPANTS 7c(1) 6238 7c(2) 101 7c(3) 7c(4) 7c(5) 12 7c(6)	6351	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	20654
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4) 7e(5)	0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20654

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MARISCO, LTD. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARISCO, LTD.	D Employer Identification Number (EIN) 99-0157085	

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	
JOHN HANCOCK LIFE INS CO	RETIREMENT PLAN SERVICES, ET9 P.O. BOX 600 BUFFALO, NY 14201-0600
01-0233346	

(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)

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	2676	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2021

A Name of plan <u>MARISCO, LTD. 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARISCO, LTD.</u>	D Employer Identification Number (EIN) <u>99-0157085</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INS. CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2065 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18281</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INS. CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2060 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33878</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2055 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31768</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2050 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39527</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2045 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>245818</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2040 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>202612</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
b Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2035 LIFETIME</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>324066</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2030 LIFETIME		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347407
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2025 LIFETIME		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60829
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2020 LIFETIME		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68641
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2015 LIFETIME		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42512
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANGER 2010 LIFETIME		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30489
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER AGGRESSIVE LS		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325210
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTINAMAGER GROWTH LS		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2035560
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER BALANCED LS		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1625621
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER MODERATE LS		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 415392
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JH MULTIMANAGER CONSERVATIVE LS		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127304

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): AMERICAN CENTURY HERITAGE		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): BLUE CHIP GROWTH FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115034
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): CAPITAL APPRECIATION FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44774
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): CLEARBRIDGE AGGRESSIVE GROWTH		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1116
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): DFA US TARGETED VALUE FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 464
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): EUROPACIFIC GROWTH FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36104
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FIDELITY ADV LEVERAGED CO. STOCK FD		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5966
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FIDELITY CONTRAFUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18457
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FINANCIAL INDUSTRIES FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1154
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FRANKLIN SMALL-MID GROWTH FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2637

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): FUNDAMENTAL ALL CAP CORE FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): INT'L EQUITY INDEX FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): INVESCO DEVELOPING MARKETS FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34009
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): INVESCO OPP INTL GROWTH FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): INVESCO SMALL CAP GROWTH FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1986
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH DISCIPLINED VALUE INT'L FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62718
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JOHN HANCOCK INT'L GROWTH FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3684
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JOHN HANCOCK US GROWTH FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15083
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JP MORGAN MIDCAP VALUE FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51769
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): MID CAP INDEX FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [MID VALUE FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44959
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [NEW WORLD FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [REAL ESTATE SECURITIES FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 850
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [SCIENCE & TECHNOLOGY FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139540
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [T ROWE PRICE HEALTH SCIENCE FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 716
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [T ROWE PRICE SCIENCE & TECH FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60114
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [T ROWE PRICE SMALL CAP VALUE FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [TEMPLETON FOREIGN SMALLER CO FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21887
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [THE GROWTH FUND OF AMERICA](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100466
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK LIFE INSURANCE CO.](#)

b Name of sponsor of entity listed in (a): [VANGUARD ENERGY FUND](#)

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14392
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): VANGUARD GROWTH INDEX FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27521
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): VANGUARD MID-CAP VALUE ETF		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): VANGUARD SMALL CAP VALUE INDEX FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): 500 INDEX FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45817
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): CAPITAL WORLD GROWTH & INCOME FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6057
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): DIMINI IMPACT EQUITY FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 802
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): EQUITY INCOME FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10760
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FRANKLIN MUTUAL BEACON FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4709
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): MUTUAL GLOBAL DISCOVERY FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23056
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FUNDAMENTAL INVESTORS FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8576

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): FUNDAMENTAL LARGE CAP VALUE FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31953
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): INVESCO GLOBAL FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2301
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JOHN HANCOCK DISCIPLINED VALUE FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37631
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): JP MORGAN U S EQUITY FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1178
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): MFS MASSACHUSETTS INVESTORS FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): NEW PERSPECTIVE FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2119
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): T ROWE PRICE EQUITY INC FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20748
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): TEMPLETON WORLD FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4371
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): INVESTMENT COMPANY OF AMERICA		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508540
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
b Name of sponsor of entity listed in (a): TOTAL STOCK MARKET INDEX FUND		
c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 914

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): VANGUARD VALUE INDEX FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7454
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): VICTORY DIVERSIFIED STOCK FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): WASHINGTON MUTUAL INVESTORS FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59691
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): AMERICAN BALANCED FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2997
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): BLACKROCK GLOBAL ALLOCATION FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2545
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): CAPITAL INCOME BUILDER FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): CAPITAL WORLD BOND FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): DELAWARE IVY ASSET STRATEGY FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3265
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): MFS UTILITIES FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17181
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): OPPORTUNISTIC FIXED INCOME FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1861
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): PIMCO GLOBAL BOND OPPS FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): INCOME FUND OF AMERICA

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8455
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): FIDELITY ADVISOR TOTAL BOND FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12891
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): HIGH YIELD FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6563
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JOHN HANCOCK BOND FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46226
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): STRATEGIC INCOME OPP FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21844
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): MONEY MARKET FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28424
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): VANGUARD SHORT TERM FEDERAL FUND

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30770
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2021		
A Name of plan MARISCO, LTD. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARISCO, LTD.	D Employer Identification Number (EIN) 99-0157085	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	8310	11368
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3259	2197
(2) Participant contributions.....	1b(2)	15528	15062
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	753421	630258
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7071500	7744511
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14303	20654
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7866321	8424050

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7866321	8424050
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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)	126482	
(B) Participants	2a(1)(B)	881186	
(C) Others (including rollovers).....	2a(1)(C)	10640	
(2) Noncash contributions.....	2a(2)		1018308
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	100	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	30638	
(F) Other	2b(1)(F)	8445	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39183
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		896881
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1954372
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1383073	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1383073
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	13570	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13570
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1396643
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		557729
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JLK ROSENBERGER, LLP**

(2) EIN: **27-1532099**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2021

A Name of plan <u>MARISCO, LTD. 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARISCO, LTD.</u>	D Employer Identification Number (EIN) <u>99-0157085</u>

Part I	Distributions
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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	<u>0</u>
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): <u>99-6070709</u> <u>01-0233346</u> 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.)
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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
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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
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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.
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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 _____

MARISCO, LTD. 401(k) PLAN

Financial Statements and
Independent Auditor's Report

December 31, 2021 and 2020

MARISCO, LTD. 401(k) PLAN

Financial Statements and Independent Auditor's Report

December 31, 2021 and 2020

Table of Contents

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	4
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021	5
Notes to the Financial Statements	6
Schedule of Delinquent Participant Contributions for the year ended December 31, 2021	12
Schedule of Assets (Held at End of Year) as of December 31, 2021	13

Independent Auditor's Report

jlkrosenberger.com

To the Trustees of
Marisco, Ltd. 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of the Marisco, Ltd. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Company's 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2021, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

JLK Rosenberg, LLP

Irvine, California
October 14, 2022

MARISCO, LTD 401(k) PLAN

Statements of Net Assets Available for Benefits As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Cash reserve account	\$ 11,368	\$ 8,310
Pooled separate accounts	7,744,511	7,071,500
Guaranteed interest account	20,654	14,303
Total investments	<u>7,776,533</u>	<u>7,094,113</u>
Receivables:		
Employer contributions	2,197	2,587
Participant contributions	15,062	15,528
Employer other	-	672
Participant notes receivable	630,258	753,421
Total receivables	<u>647,517</u>	<u>772,208</u>
Net assets available for benefits	<u>\$ 8,424,050</u>	<u>\$ 7,866,321</u>

The accompanying notes are an integral part of these financial statements.

MARISCO, LTD 401(k) PLAN

Statement of Changes In Net Assets Available for Benefits For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 902,268
Interest and dividend	100
Net investment income	<u>902,368</u>

Interest on notes receivable from participants	<u>30,638</u>
--	---------------

Contributions:

Employer contributions	126,482
Participant contributions	881,186
Rollover contributions	10,640
Other	3,059
Total contributions	<u>1,021,367</u>

Total additions	<u>1,954,373</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,383,073
Administrative expenses	13,571
Total deductions	<u>1,396,644</u>

Net increase	557,729
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Net assets available for benefits:

Beginning of year	<u>7,866,321</u>
End of year	<u>\$ 8,424,050</u>

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

1. Description of Plan

The following description of the Marisco, Ltd. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full time employees of Marisco, Ltd. (the “Plan Sponsor” and “Plan Administrator”) as well as employees of Coordinated Wire Rope of Hawaii, Inc. dba: CWR Hawaii, Phoenician, LLC, Anawati & Associates QA/QC, and American Metal Bearing Co., who have completed one year of service, have reached age 21, and are not members of a collective bargaining unit. The Plan was established by the Plan Sponsor to provide retirement income for its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

Effective January 1, 2016, the Plan was amended and restated upon adoption of the CCH Incorporated dba: FTWilliam Com volume submitter profit sharing plan. The purpose of this amendment and restatement was to bring the Plan into compliance with the Pension Protection Act of 2006 and other legislations and regulations.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was passed by Congress. The CARES Act contains several provisions that temporarily impact 401(k) plans, including the waiver of required minimum distributions, a new hardship withdrawal option, increased loan limits, and a pause option for the loan payments. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the Plan document. The Plan Sponsor did not adopt any of the relief provisions included in the CARES Act.

Contributions

The Plan is a contributory plan whereby participants may contribute up to a maximum of 100% of pre-tax annual compensation not to exceed the dollar limit set by law of \$19,500 for 2021. Participants age 50 or older may elect to defer up to an additional \$6,500 of “catch up” contributions to the Plan. The Plan Sponsor may make discretionary contributions to the Plan. In addition, the Plan Sponsor may make discretionary matching contributions to the Plan. The Plan Sponsor has elected to make a discretionary matching contribution of 25% of the participant’s deferral, not to exceed 5% of the annual compensation. The Plan Sponsor made matching contributions to the Plan of \$126,482 for the year ended December 31, 2021.

Under provisions of the Plan, participants have the option to roll-over contributions or any lump sum distribution received by an employee from a pension or profit sharing plan meeting the requirements of Internal Revenue Code Section 401(a).

Participant Accounts

Each participant's account is credited with participant contributions, the Plan Sponsor’s contributions and Plan investment earnings. Participants may choose to have their account balance deposited in various investment programs. Allocation of Plan investment earnings is based on the participant's account balance, as defined.

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

1. Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions and actual earnings thereon. Vesting in the Plan Sponsor contributions is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
2	20%
3	40%
4	60%
5	80%
6 and more	100%

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 year to a maximum of 5 years (a maximum of 20 years if used to purchase participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Sponsor. Principal and interest is paid ratably through payroll deductions or participant payments. As of December 31, 2021 and 2020, notes receivable from participants amounted to \$630,258 and \$753,421, respectively, with annual interest rates ranging from 3.25% to 7.50% as of December 31, 2021.

Payments of Benefits

Upon termination of service, a participant is eligible to receive as benefits a lump sum amount equal to the value of his/her account distributed in accordance with the Plan.

Forfeitures

Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Forfeitures may be used to pay Plan expenses as determined by the Plan Sponsor. Any remaining forfeiture may be used to reduce Plan Sponsor contributions. For the year ended December 31, 2021, the Plan had \$3,058 in forfeitures. As of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$11,368 and \$8,310, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Sponsor to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing its financial statements are reasonable and prudent. Actual results could differ from these estimates.

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. 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 in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sale of investments are computed using the participant's cost basis in the investment aggregated at the Plan level. Net changes in unrealized appreciation/depreciation in investments represent the difference between the fair value of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

Investment Options

Participants may self-direct employee and employer contributions into various investment options available for investment. The investment options include mixes of mutual funds from aggressive to conservative, international, aggressive growth, growth, growth and income, bonds, guaranteed certificate funds and short term money market funds.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when incurred.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Plan administrative expenses are paid by either the Plan Sponsor or the Plan, as provided in the Plan agreement. For the year ended December 31, 2021, Plan administrative expenses amounted to \$13,571. Most investment service fees are paid by the Plan and are offset against the related investment income. Fees paid by the Plan Sponsor are excluded from these financial statements. There were no fees paid by the Plan Sponsor for the year ended December 31, 2021.

Subsequent Events

The Plan evaluated subsequent events through October 14, 2022, the date these financial statements were issued. There were no subsequent events that required recognition or additional disclosure in these financial statements.

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

3. Fair Value Measurements

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the following fair value measurement.

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value.

- Pooled separate accounts: The units of these pooled separate accounts are not actively traded. The estimated value of pooled separate accounts are net asset value, exclusive of the adjustment to the contract value.
- Guaranteed interest account: The guaranteed interest account is valued at the net asset value ("NAV") based on the value of the underlying assets owned by the fund, minus liabilities divided by the units outstanding. The NAV is not a publicly quoted price in an active market. There are currently no redemption restrictions on these investments for participants.

The following table below sets forth by level, within the fair value hierarchy, the Plan's assets and fair value as of December 31, 2021.

Investments	Level 1	Level 2	Level 3	Total
Cash reserve account	\$ 11,368	\$ -	\$ -	\$ 11,368
Total investments in the fair value hierarchy	\$ 11,368	\$ -	\$ -	11,368
Investments measured at NAV:				
Pooled separate accounts				7,744,511
Guaranteed interest account				20,654
Total investments at fair value				\$ 7,776,533

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

3. Fair Value Measurements (Continued)

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

Investments	Level 1	Level 2	Level 3	Total
Cash reserve account	\$ 8,310	\$ -	\$ -	\$ 8,310
Total investments in the fair value hierarchy	\$ 8,310	\$ -	\$ -	8,310
Investments measured at NAV:				
Pooled separate accounts				7,071,500
Guaranteed interest account				14,303
Total investments at fair value				\$ 7,094,113

4. Party-in-interest Transactions

Certain Plan investments are shares of mutual funds managed by John Hancock Life Insurance Company ("John Hancock"), the Plan's Custodian. The Plan allows participants to borrow from their vested balances. These transactions qualify as party-in-interest transactions. All of these transactions are exempt from prohibited transaction rules under ERISA.

5. Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian, a qualified institution, has certified that the following investment information included in the accompanying financial statements and supplemental schedule is complete and accurate: investments in the statements of net assets available for benefits as of December 31, 2021 and 2020; net appreciation in value of investments and interest and dividends in the statement of changes in net assets available for benefits for the year ended December 31, 2021; and the investment information included in the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021.

6. Delinquent Participant Contributions

As reported on Schedule of Delinquent Participant Contributions, certain participant contributions were not remitted to the Plan within the time frame specified by DOL Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Plan Sponsor for the year ended December 31, 2021. Late remittances related to the 2019 and 2018 plan year amounted to \$40,617 and \$2,210, respectively. The Plan Sponsor remitted lost earnings related to the late remittances on October 27, 2021.

7. Corrective Contribution

During the 2020 plan year, the employer match contribution of a participant was not properly calculated and was therefore missed. The Plan Sponsor has elected to rectify the issue under the Self-Correction program. Under the program, the Plan Sponsor will to make a corrective contribution of \$672, which is the other employer receivable as of December 31, 2020 on the statement of net assets available for benefits. The corrective contribution was remitted to the Plan on October 18, 2021.

MARISCO, LTD. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

8. Risks and Uncertainties

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

COVID-19

The Plan may be adversely affected by health epidemics including the recent coronavirus outbreak. On March 11, 2020, the World Health Organization characterized COVID-19 as a pandemic. In addition, several states in the U.S., including California, where the Company is headquartered, have declared a state of emergency. Due to the pandemic, the equity and bond markets, in which Plan assets are invested, are experiencing unusually high volatility and uncertainty. Although the Plan Sponsor is continuing to monitor and assess the effects of the pandemic on the Plan and its investments, the ultimate impact of the outbreak or a similar health epidemic is highly uncertain and subject to change.

9. Plan Termination

Although they have not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan at any time by resolution of its Board of Directors subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and non-forfeitable.

10. Prohibited Transactions

Except for the late remittances described in note 6, there were no prohibited party-in-interest transactions during the year ended December 31, 2021.

11. Tax Status

The Plan is a volume submitter Plan provided by CCH Incorporated dba: FTWilliam Com ("CCH"). The Internal Revenue Service has determined and informed CCH by a letter dated March 31, 2014, that the form of the basic plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since CCH received the determination letter, the Plan Sponsor believes that the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The financial statement effects are recognized when the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

MARISCO, LTD 401(k) PLAN

Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021

Employer identification number: 99-0157085

Plan number: 001

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

Year	Participant Contributions Transferred Late To The Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections In VFCP	
2019	\$ 40,617	\$ -	\$ -	\$ -	\$ 40,617
2018	2,210	-	-	-	2,210
Total	<u>\$ 42,827</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,827</u>

See accompanying independent auditor's report.

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year) As of December 31, 2021

Employer identification number: 99-0157085
Plan number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) (b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
<u>Cash reserve account:</u>			
* John Hancock	Cash Reserve Account	\$ **	\$ 11,368
<u>Pooled separate accounts:</u>			
* John Hancock	500 Index Fund	**	45,817
* John Hancock	Af Cap Inb	**	407
* John Hancock	Af Am Bal	**	2,997
* John Hancock	Blue Chip Growth Fund	**	115,034
* John Hancock	BlackRock Global Allocation Fund	**	2,545
* John Hancock	Capital Appreciation Fund	**	44,774
* John Hancock	Capital World Growth & Income	**	6,057
* John Hancock	ClearBridge Aggressive Growth	**	1,117
* John Hancock	Discipval	**	37,631
* John Hancock	Domini Impact Equity Fund	**	802
* John Hancock	Energy	**	14,392
* John Hancock	Equity Income Fund	**	10,760
* John Hancock	EuroPacific Growth Fund	**	36,104
* John Hancock	FID ContraFund	**	5,966
* John Hancock	FID Total	**	12,891
* John Hancock	Fidelity Adv Leveraged Co Stk	**	18,458
* John Hancock	Financial Industries Fund	**	1,154
* John Hancock	Franklin Small-Mid Growth	**	2,637
* John Hancock	Fundamental Investors	**	8,576
* John Hancock	Fundamental Large Cap Value	**	31,953
* John Hancock	Fundamental All Cap Core Fund	**	103
* John Hancock	Global Bond Fund	**	1,861
* John Hancock	High Yield Fund	**	6,563
* John Hancock	Intl Small Cap Fund	**	21,887
* John Hancock	Invesco Small Cap Growth	**	1,986
* John Hancock	Invesco Oppenheimer Global	**	2,301
* John Hancock	Invesco Oppenheimer Growth Fund	**	227
* John Hancock	Investment Company of America	**	508,540
* John Hancock	Ivy Asset Strategy Fund	**	3,265
* John Hancock	JH Disciplined Value Intl Fund	**	62,718
* John Hancock	JH Bond Fund	**	46,226
* John Hancock	JH International Growth	**	3,684

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year) As of December 31, 2021

Employer identification number: 99-0157085

Plan number: 001

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

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
*	John Hancock	JH US Quality Growth	\$ **	\$ 15,083
*	John Hancock	JPMorgan MidCap Value Fund	**	51,769
*	John Hancock	JPMorgan U.S. Equity Fund	**	1,178
*	John Hancock	Lifestyle Conservative	**	127,304
*	John Hancock	Lifestyle Moderate	**	415,392
*	John Hancock	Lifestyle Balanced	**	1,625,621
*	John Hancock	Lifestyle Growth	**	2,035,560
*	John Hancock	Lifestyle Aggressive	**	325,210
*	John Hancock	Mid Value Fund	**	44,959
*	John Hancock	Money Market Fund	**	28,424
*	John Hancock	Mutual Beacon	**	4,709
*	John Hancock	Mutual Global Discovery	**	23,056
*	John Hancock	MFS Massachusetts Investors	**	350
*	John Hancock	New Perspective Fund	**	2,119
*	John Hancock	Oppenheimer Developing Mkt	**	34,009
*	John Hancock	PIMCO Global Bond	**	820
*	John Hancock	Real Est. Securities Fund	**	850
*	John Hancock	Retirement Living at 2010	**	30,489
*	John Hancock	Retirement Living at 2015	**	42,512
*	John Hancock	Retirement Living at 2020	**	68,642
*	John Hancock	Retirement Living at 2025	**	60,829
*	John Hancock	Retirement Living at 2030	**	347,407
*	John Hancock	Retirement Living at 2035	**	324,066
*	John Hancock	Retirement Living at 2040	**	202,612
*	John Hancock	Retirement Living at 2045	**	245,818
*	John Hancock	Retirement Living at 2050	**	39,527
*	John Hancock	Retirement Living at 2055	**	31,768
*	John Hancock	Retirement Living at 2060	**	33,878
*	John Hancock	Retirement Living at 2065	**	18,281
*	John Hancock	Science & Technology Fund	**	139,540
*	John Hancock	Short-term Federal	**	30,770
*	John Hancock	Strategic Income Opp Fund	**	21,844
*	John Hancock	T. Rowe Price Equity Inc.	**	20,748
*	John Hancock	T. Rowe Price Health Sci	**	716
*	John Hancock	T. Rowe Price Sci & Tech	**	60,114

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year) As of December 31, 2021

Employer identification number: 99-0157085

Plan number: 001

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

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
*	John Hancock	T. Rowe Price Sml Cap Val	\$ **	\$ 18
*	John Hancock	Stock Market Index Fund	**	914
*	John Hancock	The Growth Fund of America	**	100,466
*	John Hancock	Utilities Fund	**	17,181
*	John Hancock	Val Indx	**	7,454
*	John Hancock	Victory Diversified Stock	**	262
*	John Hancock	Grwth Indx	**	27,521
*	John Hancock	Washington Mutual Investors	**	59,691
*	John Hancock	Capital World & Growth Fund	**	4,371
*	John Hancock	SMCP VA IN	**	430
*	John Hancock	MC VL ETF	**	249
*	John Hancock	New World	**	371
*	John Hancock	IDX Mid	**	248
*	John Hancock	DFA TAVA	**	464
*	John Hancock	Heritage	**	814
*	John Hancock	INC Fund	**	8,455
*	John Hancock	AF CAP WB	**	89
*	John Hancock	IDX International	**	106
		Mutual Funds Total	**	7,744,511
<u>Guaranteed interest account:</u>				
*	John Hancock	John Hancock Stable Value Fund	**	20,654
		Investment Subtotal	**	7,776,533
*	Participants Loans	Notes receivable with maturities to 2036 and interest rates from 3.25% to 7.50%	**	630,258
		Total plan assets	\$ **	\$ 8,406,791

* Indicates party-in-interest

** Cost information is not required for participant-directed investments.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
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1a Name of plan MARISCO, LTD. 401K PLAN	1b Three-digit plan number (PN) ▶ <u>001</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) MARISCO, LTD. 91-607 MALAKOLE STREET KAPOLEI HI 96707-1831	1c Effective date of plan <u>08/01/1992</u> 2b Employer Identification Number (EIN) <u>99-0157085</u> 2c Plan Sponsor's telephone number <u>808-682-1333</u> 2d Business code (see instructions) <u>811310</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		<u>10/13/22</u> Date	FRED A. ANAWATI Enter name of individual signing as plan administrator
SIGN HERE		<u>10/13/22</u> Date	FRED A. ANAWATI Enter name of individual signing as employer or plan sponsor
SIGN HERE		 Date	 Enter name of individual signing as DFE

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► MARISCO, LTD. 401K PLAN

Employer Identification Number (EIN): ► 99-0157085

Three-digit plan number: ► 001

For the plan year beginning/ending: ► 01/01/2021- 12/31/2021

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AM BALANCED FUND			357.99			310.97		47.02
FUNDAMENTAL INVST			2575.5			1796.89		778.61
US GOVT SECURITIES			150523.3			147284.65		3238.65
JH MULTI. AGGRESSIVE			71751.94			43291.8		28460.14
NEW PERSPECTIVE FD			403.78			275.9		127.88
NEW WORLD FUND			45.48			37.47		8.01
JH MULTI BALANCED			132867.41			90224.32		42643.09
CAP WORLD G&I			188.13			150.46		37.67
JH MULTI CONSERV.			75740.12			59896.29		15843.83
FIDELITY CONTRAFUND			34012.73			30592.26		3420.47
CAP APPRE. FUND			6885.51			3329.71		3555.8
CAP WORLD BOND			425.98			435.26		-9.28
TROWE EQUITY INC			369.01			162.25		206.76
MUTUAL GLOBAL DISC.			46.87			24.59		22.28
DFA US TGT VALUE			57.4			37.68		19.72
JH DISCIPLINED VALUE			2564.09			1313.61		1250.48
EQUITY INCOME FD			4259.88			3353.24		906.64
EUROPAC GROWTH			1684.81			1133.42		551.39
FUND LARGE CAP VALUE			2701.44			1029.88		1671.56
VANGUARD EXPLORER			10580.9			9505.6		1075.3
FIDELITY ADV LEV. CO STK			690.28			450.66		239.62
FINANCIAL INDUSTRIES			51.2			25.67		25.53
THE GROWTH FUND OF AM			6789.03			3174.12		3614.91
OPPORTUNISTIC FIXED INC			3799.54			3776.25		23.29
JH MULTI GROWTH			565109.82			381570.1		183539.72

VANGUARD ST FEDERAL			44			43.04		0.96
AMER. CENT HERITAGE			100.58			75.14		25.44
TROWE HEALTH SCI			28548.16			21975.36		6572.8
HIGH YIELD FD			1877.5			1652.72		224.78
DELAWARE IVY ASSET			518.69			436.95		81.74
INV. CO OF AMER			4366.59			1978.28		2388.31
INCOME FUND OF AM			10			9.95		0.05
JH INTL GROWTH			1255.14			1031.97		223.17
INT'L EQUITY INDEX			490.55			512.19		-21.64
500 INDEX FUND			2660.42			1956.51		703.91
TEMPLETON FOREIGN SM CO			28			20.46		7.54
JH DISCIPLINED VALUE			1186.97			912.47		274.5
JH BOND FUND			254			235.18		18.82
JPMORGAN US EQUITY			2799.27			1910.22		889.05
JH US QUALITY GRO			41229.99			33816.61		7413.38
KEELEY SM CAP DIV			6924.94			5899.48		1025.46
VANG. GROWTH INDEX			21151.87			18682.94		2468.93
VANG. VALUE INDEX			5430.95			5315.57		115.38
JH MULTI 2015 LIFETIME			9425.05			7792.93		1632.12
JH MULTI 2020 LIFETIME			108385			76013.91		32371.09
JH MULTI 2025 LIFETIME			14			10.12		3.88
JH MULTI 2030 LIFETIME			43487.97			26710.89		16777.08
JH MULTI 2035 LIFETIME			7983.98			5239.98		2744
JH MULTI 2040 LIFETIME			14661.34			9576.42		5084.92
JH MULTI 2045 LIFETIME			109219.72			75647.94		33571.78
JH MULTI 2050 LIFETIME			29667.55			22842.91		6824.64
JH MULTI 2055 LIFETIME			48			42.27		5.73
JH MULTI 2060 LIFETIME			4961.37			4029.68		931.69
JH MULTI 2065 LIFETIME			3634.94			3560.66		74.28
FRANK MUTUAL BEACON			4540.77			3626.2		914.57
JP MORGAN MIDCAP V			50.9			30.88		20.02
MFS MASS INVESTORS			2836.12			2068.47		767.65
JH MULTI MODERATE			74864.19			54050.42		20813.77
MONEY MARKET			49413.38			49582.33		-168.95
TROWE SM CAP VALUE			0.07			0.04		0.03
MID VALUE FUND			8014.84			4681.73		3333.11
INVESCO OPP INT GRO			7720.34			5582.64		2137.7

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

Name of Plan: MARISCO, LTD. 401K PLAN



Employer Identification Number: ▶ 99-0157085

For plan year (beginning/ending): ▶ 01/01/2021 - 12/31/2021

Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JH MULTI 2065 LIFETIME		17753.57	18280.91
	JH MULTI 2060 LIFETIME		28486.07	33877.8
	JH MULTI 2055 LIFETIME		29258.22	31767.81
	JH MULTI 2050 LIFETIME		31351.05	39527.4
	JH MULTI 2045 LIFETIME		179604.14	245817.71
	JH MULTI 2040 LIFETIME		131712.15	202612.23
	JH MULTI 2035 LIFETIME		222838.69	324065.99
	JH MULTI 2030 LIFETIME		203191.11	347406.63
	JH MULTI 2025 LIFETIME		42473.9	60829.45
	JH MULTI 2020 LIFETIME		47634.18	68641.46
	JH MULTI 2015 LIFETIME		35646.29	42512.35
	JH MULTI 2010 LIFETIME		28295.74	30488.8
	AMERICAN BALANCED FUND		2526.02	2997.32
	FUNDAMENTAL INVESTORS		5994.16	8576.28
	JH MULTIMAN.AGG		202538.49	325209.63
	NEW PERSPECTIVE FUND		1479.7	2118.92
	NEW WORLD FUND		306.12	371.18
	BLUE CHIP GROWTH FUND		40703.8	115034.19
	BLACKROCK GLOBAL ALLOC		2096.37	2545.24
	JH MULTIMANAGER BAL		1112824.54	1625620.59
	CAP WORLD GRO & INCOME		4855.62	6057.43
	CAPITAL INCOME BUILDER		332.02	406.57
	JH MULTIMANAGER CONS		101999.97	127304.18
	FIDELITY CONTRAFUND		17110.82	18457.48
	CAP APPRECIATION FUND		20717.55	44773.68
	CAP WORLD BOND FUND		90.56	88.48
	T. ROWE PRICE EQUITY		8951	20747.56
	MUTUAL GLOBAL DISCOV.		12110.34	23055.92
	TEMPLETON WORLD		3769.06	4371.09
	INVESCO DEV. MKTS		22778.91	34008.73
	DFA US TARGETED VALUE		305.93	464.3
	JH DISCIPLINED VALUE FD		19154.61	62717.93
	EQUITY INCOME FUND		8449.49	10760.29
	EUROPACIFIC GROWTH		25516.05	36104.08
	FUNDAMENTAL LG CAP VAL		12580.81	31953.06
	FIDELITY ADVISOR TOTAL BD		10455.17	12891.41
	FIDELITY ADV LEV STOCK		3934.21	5965.58
	FINANCIAL INDUSTRIES FD		580.69	1153.81
	GROWTH FD OF AMERICA		48250.21	100465.85

	OPPORTUNISTIC FIXED INC.		1858.51	1860.74
	JH MULTIMANAGER GRO		1388220.76	2035560.31
	VANGUARD ST FEDERAL		30605.55	30770.42
	AMERICAN CENTURY HERIT		612.86	813.74
	T ROWE PRICE HEALTH &SCI		576.51	715.99
	HIGH YIELD FUND		5905.41	6563.14
	DELAWARE IVY ASSET		2701.82	3265.13
	INVEST. CO OF AMERICA		225843.59	508539.76
	INCOME FUND OF AMERICA		8157.62	8455.31
	JH INT' GROWTH FUND		3142.82	3683.57
	INT'L EQUITY INDEX		106.6	106.07
	500 INDEX		31858.65	45817.36
	TEMPLETON FOREIGN SM		15946.29	21886.82
	JH DISCIPLINED VALUE FD		49037.84	37631.08
	JH BOND FUND		42732.19	46225.8
	JP MORGAN EQU FUND		808.52	1178.36
	JH US GROWTH		12852.46	15082.68
	KEELEY SM CAP DIV		0.08	0.08
	VANGUARD GROWTH INDEX		25306.43	27521.33
	VANGUARD VALUE INDEX		6915.38	7454.28
	MID CAP INDEX FD		194.04	248.06
	FRANKLIN MUTUAL BEACON		3720.18	4708.75
	JP MORGAN MID CAP VALUE		31422.89	51769.41
	MFS MASSACHUSETTS		259.65	350.41
	JH MULTI MANAGER MOD		301455.89	415391.68
	MONEY MARKET FUND		28748.12	28423.6
	T ROWE PRICE SM CAP VAL		10.35	18.15
	MID VALUE FUND		26411.42	44958.96
	INVESCO OPP INT GROWTH		182.99	226.99
	PIMCO GLOBAL BOND OPPS		672.75	819.8
	FUNDAMENTAL ALL CAP CORE		68.35	103.46
	REAL EST SEC FUND		498.79	849.86
	FRANKLIN SMALL-MID GRO		675.52	2636.96
	SM CAP INDEX FUND		0.37	0.36
	INVESCO SM CAP GRO		1266.06	1985.97
	T ROWE SCI & TECH		38565.78	60114.2
	STRATEGIC INCOME OPP		18962.75	21843.87
	DOMINI IMPACT EQUITY		576.71	802.39
	SCIENCE & TECH		50614.06	139540.06
	CLEARBRIDGE AGG GRO		840.52	1116.55
	TOTAL STOCK M INDEX		697.76	914.27
	MFS UTILITIES FUND		11453.16	17180.88
	VICTORY DIVERSIFIED STOCK		198.84	261.75
	VANGUARD ENERGY FUND		17000.52	14391.81
	VANGUARD SM CAP V AL		306	429.87
	VANGUARD MID CAP VAL		194.03	248.52
	WASH MUTUAL INV		20661.62	59691.46
	INVESCO GLOBAL		1646.26	2301.45

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