

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) <u>HURRICANEIAN-IRS NOTICE IR-2022-168</u>
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>ALPHA GENESIS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>03/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/2004</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>ALPHA GENESIS, INC.</u> <u>95 CASTLE HALL RD</u> <u>YEMASSEE, SC 29945-7115</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) <u>54-1800459</u></td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number <u>843-589-5190</u></td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) <u>112900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1800459</u>	2c Plan Sponsor's telephone number <u>843-589-5190</u>	2d Business code (see instructions) <u>112900</u>	
2b Employer Identification Number (EIN) <u>54-1800459</u>					
2c Plan Sponsor's telephone number <u>843-589-5190</u>					
2d Business code (see instructions) <u>112900</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.	02/15/2023	JOHN A. STARR
	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
	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 FIRST PARTY ADMINISTRATOR, LLC 5352 PEACHTREE RD ATLANTA, GA 30341-2450		3b Administrator's EIN 46-2023154																				
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		3c Administrator's telephone number 678-500-9551																				
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN																				
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td style="text-align: right;">147</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;">27</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">186</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">186</td> </tr> <tr> <td>6g</td> <td style="text-align: right;">186</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a(1)	147	6a(2)	159	6b	0	6c	27	6d	186	6e	0	6f	186	6g	186	6h	0
6a(1)	147																					
6a(2)	159																					
6b	0																					
6c	27																					
6d	186																					
6e	0																					
6f	186																					
6g	186																					
6h	0																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>7</td> <td></td> </tr> </table>			7																	
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 ALPHA GENESIS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHA GENESIS, INC.	D Employer Identification Number (EIN) 54-1800459

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

(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	115455	186	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	(b) Total amount of fees paid
0	3493

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
MY BENEFITS, LLC
2524 HABERFIELD CT NE
BROOKHAVEN, GA 30319

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3493	TPA FEES & COMPENSATION	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

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	(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** 125473**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**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** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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 ALPHA GENESIS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHA GENESIS, INC.	D Employer Identification Number (EIN) 54-1800459	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MERRILL LYNCH

13-5674085

(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?
26	INVESTMENT ADVISOR	7930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE COMPANY

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	RECORDKEEPER	1134	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
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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>ALPHA GENESIS, INC. 401(K) 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>ALPHA GENESIS, INC.</u>	D Employer Identification Number (EIN) <u>54-1800459</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2060

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

c EIN-PN <u>01-0233346-000</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>103365</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2055

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

c EIN-PN <u>01-0233346-000</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>18406</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2050

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

c EIN-PN <u>01-0233346-000</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>73793</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2045

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

c EIN-PN <u>01-0233346-000</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>32373</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2040

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

c EIN-PN <u>01-0233346-000</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>305175</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2035

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

c EIN-PN <u>01-0233346-000</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>183897</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2030

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

c EIN-PN <u>01-0233346-000</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>192926</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2025

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109926
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT 2020

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6803
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMARTRETIREMENT INC

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2485
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49888
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66716
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126358
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23948
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a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105587
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX FUND

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253247
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31058
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10954
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL VALUE EQY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47630
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INTL STOCK IDX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85435
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO SPECIAL SCV FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78418
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47995
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5086
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31760
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68351
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312939

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN LARGE CAP GROWTH

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

c EIN-PN 01-0233346-000

d Entity
code P

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

2339

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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 ALPHA GENESIS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHA GENESIS, INC.	D Employer Identification Number (EIN) 54-1800459	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	14537	125473
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3096	5497
(2) Participant contributions.....	1b(2)	7655	14199
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10424	8888
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2040742	2063473
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	286955	312939

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2363409 2530469
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2363409 2530469

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	94139
	(B) Participants	2a(1)(B)	227650
	(C) Others (including rollovers).....	2a(1)(C)	9068
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	330857
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	510
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	510
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		350646
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		682013
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	486906	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		486906
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)	28047	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28047
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		514953
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		167060
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MOSS & YANTIS CPA PA

(2) EIN: 47-1356737

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		541567

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

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

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

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

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

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 ALPHA GENESIS, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHA GENESIS, INC.	D Employer Identification Number (EIN) 54-1800459

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	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
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 _____

Alpha Genesis, Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

**As of December 31, 2021 and 2020
and for the Year Ended December 31, 2021**

Alpha Genesis, Inc. 401(k) Plan

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Independent Auditors' Report

To the Trustees and Those Charged with Governance
Alpha Genesis, Inc. 401(k) Plan
Yemassee, South Carolina

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Alpha Genesis, Inc. 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 statements of net assets available for benefits as of December 31, 2021 and 2020, 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 Alpha Genesis, Inc 401(k) Plan 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 a certification from John Hancock Life Insurance Company, the custodian as of December 31, 2021 and 2020 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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, 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 related to assets held by and certified to by the custodian 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).

Emphasis of a Matter – Compliance Matters

As further discussed in Note 12 to the financial statements, we discovered operational compliance matters involving the Plan that plan management is working to resolve as of the report date. As such, we cannot, and do not, provide any assurance that the Plan would maintain its tax-exempt status should these compliance matters remain uncorrected.

Emphasis of a Matter – Other Receivable

As further discussed in Note 13 to the financial statements, we identified a disbursement from the Plan to the Plan Sponsor during 2020 in the amount of \$97,409. Although this payment was subsequently replenished to the Plan during 2021, the initial payment to the Plan Sponsor was not associated with a mistake-of-fact and constitutes a prohibited transaction between the Plan and the Plan Sponsor. As such, we cannot, and do not, provide any assurance that the Plan would maintain its tax-exempt status as it relates to this disbursement.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Alpha Genesis, Inc 401(k) 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 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 Alpha Genesis, Inc 401(k) 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 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 GAAS 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 GAAS, 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 Alpha Genesis, Inc 401(k) 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 Alpha Genesis, Inc 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H; Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and Schedule H; 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 are 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 GAAS. 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 schedules 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).

Moss & Yantis CPA PA

February 15, 2023
Mt. Pleasant, South Carolina

Alpha Genesis, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Pooled separate account	\$ 2,063,473	\$ 2,040,742
Collective investment trust	<u>312,939</u>	<u>286,955</u>
Total investments, at fair value	<u>2,376,412</u>	<u>2,327,697</u>
Receivables		
Employee contributions receivable	14,199	7,655
Employer contributions receivable	5,497	3,096
Notes receivable from participants	8,888	10,424
Other receivable (note 13)	<u>-</u>	<u>97,409</u>
Total receivables	<u>28,584</u>	<u>118,584</u>
Cash, non-interest bearing	<u>125,473</u>	<u>14,537</u>
Total assets	<u>2,530,469</u>	<u>2,460,818</u>
Liabilities		
Corrective distributions payable	<u>12,659</u>	<u>2,764</u>
Total liabilities	<u>12,659</u>	<u>2,764</u>
Net assets available for benefits	<u><u>\$ 2,517,810</u></u>	<u><u>\$ 2,458,054</u></u>

Alpha Genesis, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Plan Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:	
Net appreciation of investments	\$ 253,237
Contributions:	
Employer contributions	94,139
Participant deferral contributions	227,650
Participant rollover contributions	9,068
Interest on notes receivable from participants	510
Total additions to net assets	<u>584,604</u>

Deductions from net assets attributed to:

Benefits paid to participants	484,142
Corrective distributions	12,659
Administrative expenses	<u>28,047</u>
Total deductions from net assets	<u>524,848</u>
Net increase in net assets available for benefits	59,756

Net assets available for benefits

Net assets available for benefits, beginning of year	<u>2,458,054</u>
Net assets available for benefits, end of year	<u><u>\$ 2,517,810</u></u>

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of Plan

The following description of Alpha Genesis, Inc. 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 employees of Alpha Genesis, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees who are eighteen or older are eligible to participate in the plan upon accumulating three consecutive calendar months of employment. Employees who have satisfied the three consecutive calendar months of employment requirement are permitted to enter the plan as a participant on the first day of the calendar month that coincides with or next follows the date such requirements are satisfied. Employees whose employment is governed by a collective bargaining agreement, leased employees and non-resident aliens are not eligible to participate in the Plan.

Contributions

Each year, participants may contribute an elected amount of pre-tax and post-tax annual compensation, as defined in the Plan. Participants who are age fifty or older by the end of the year may also elect to make an additional catch-up contribution to the Plan. With the Trustee's consent, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may contribute on behalf of each participant a matching contribution or profit-sharing contribution to be determined each year by the Board of Directors. For the 2021 and 2020 plan years, the Company made a matching contributions at the following rates, based on the employees elected deferral rate:

<u>Employee Contribution</u>	<u>Employer Match</u>
1%	1.0%
2%	1.5%
3%	2.0%
4%	2.5%
5% and up	3.0%

For the plan years ended December 31, 2021 and 2020, the Company elected to calculate the matching contribution on a pay period basis.

For the 2021 and 2020 plan years, the Company made no profit sharing contributions to the Plan. Company contributions are invested according to the investment allocation selected by the participant. Contributions are subject to certain IRS limits.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct the investment of contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust fund as investment options for participants. Participants may change their investment options as often as permitted under the investment vehicles chosen by the participant.

Vesting

Participants are immediately vested in their elective deferral contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service. Participants are fully vested in employer matching and profit-sharing contributions after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or fifty percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined at date of note issuance, is set at one percent above the prime rate, as defined. Principal and interest is paid ratably through bi-weekly payroll deductions. Interest rates on outstanding loans at December 31, 2021 ranged from 4.25% to 6.50%.

Payment of Benefits

On termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If the vested account balance does not exceed \$5,000, distribution may be made without participant consent. Participants may also request hardship distributions for reasons specified in the Plan document. In-service withdrawals are permitted for participants who have attained age 59 ½.

Forfeited Accounts

The plan administrator may elect to use all or any portion of the forfeited amounts to pay administrative expenses incurred by the Plan or to reduce Company contributions. Forfeitures generated for the year ended December 31, 2021 totaled \$13,528. No forfeitures were utilized during 2021. The forfeiture balance at December 31, 2021 and 2020 totaled \$45,647 and \$32,119, respectively.

Noninterest-bearing Cash

At December 31, 2021, the Plan held a total of \$125,473 of non-interest bearing cash. A portion of the balance in the noninterest-bearing cash represents the unused forfeitures described in the disclosure above. A significant portion of the remaining balance totaling \$67,128 primarily consists of amounts transferred over to the current custodian, John Hancock Life Insurance Company, from the previous custodian, Ascensus Trust (formerly Frontier Trust) during its 2014 transfer of assets. These amounts have not yet been affirmatively identified as forfeitures of the Plan and may represent uncashed distribution checks at the time of the asset conversion. Remaining funds held in non-interest bearing cash original from erroneous forfeiture calculations that have gone uncorrected, and forfeitures of outstanding checks.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

A summation of the components of non-interest-bearing cash is included below:

Source of Funds	Amount
Forfeiture Reserve	\$ 45,647
Unidentified Wire Transfer from Prior Service Provider	67,128
Uncorrected Erroneous Forfeiture Calculations	11,300
Forfeiture of Outstanding Checks	1,399
Total Non-Interest Bearing Cash at December 31, 2021	<u>\$ 125,474</u>

Management is currently working with its third-party administrator to determine the nature of these amounts.

2. Summary of Significant Account Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for a discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through February 15, 2023 the date the financial statements were available to be issued.

3. Investment Information Certified by Custodian

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, plan management has instructed the plan's independent auditors not to perform any auditing procedures with respect to information certified by the Plan's custodians, except for comparing such information certified by the custodians with the information included in the Plan's financial statements and supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year).

The following is a summary of the Plan's investment information as of December 31, 2021 and 2020 and for year ended December 31, 2021, included in the Plan's financial statements and supplemental schedules, that was prepared by, or derived from, information prepared by the custodian of the plan, and furnished to plan management. Plan management has obtained certifications from the custodian that such information is complete and accurate.

	2021	2020
Investments	<u>\$ 2,376,412</u>	<u>\$ 2,327,697</u>
Cash, non-interest bearing	<u>\$ 125,473</u>	<u>\$ 14,537</u>
Net appreciation in fair value of investments	<u>\$ 253,237</u>	

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Basis of Fair Value Measurement

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Pooled separate account: The Plan's assets are held in a group annuity unallocated contract offered as a pooled separate account (PSA). The PSA invests in mutual funds that are valued based on the market value of the underlying net asset in each separate account. The majority of the underlying net assets have observable Level 1 and/or 2 quoted pricing inputs which are used to determine the unit value of the PSA which is not publicly quoted.

Collective investment trust: Collective trust funds held by the Plan consist of the John Hancock Stable Value Fund which invests all of its assets in the John Hancock Stable Value Fund Collective Investment Trust. Fair value is calculated as the number of units of the sub-account held on a particular date multiplied by the unit value on that date, and generally is the value that would be paid out for participant-initiated benefit withdrawals. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Description	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Collective investment trust	\$ -	\$ 312,939	\$ -	\$ 312,939
Pooled separate account	-	2,063,473	-	2,063,473
Total	\$ -	\$ 2,376,412	\$ -	\$ 2,376,412

Description	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Collective investment trust	\$ -	\$ 286,955	\$ -	\$ 286,955
Pooled separate account	-	2,040,742	-	2,040,742
Total	\$ -	\$ 2,327,697	\$ -	\$ 2,327,697

5. Collective Investment Trust

The John Hancock Stable Value Fund (SVF) is an investment option within the Plan's group annuity contract. The SVF sub-account invests into the John Hancock Stable Value Fund Collective Investment Trust (CIT). The underlying CIT honors eligible redemptions at \$1.00 per unit. The daily net asset value published by the CIT is a stable \$1.00 per unit, and is effectively its contract value. This value is used for valuing the sub-account and determining the sub-accounts unit values daily.

6. Plan Termination

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to Plan provisions and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are managed by John Hancock Life Insurance Company. John Hancock Life Insurance Company is the custodian and recordkeeper of the Plan; therefore, these transactions qualify and party-in-interest transactions. Fees incurred by the Plan for the recordkeeping services are included in the net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. For the plan year ended December 31, 2021, the Plan did not make any direct payments to John Hancock Life Insurance Company that was not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations. Additionally, the Company provides certain administrative services to the plan for which no fees are charged.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

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 risk. 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 change could materially affect the amounts reported in the individual participant account statements and the statement of net assets available for benefits.

9. Income Tax Status

The Plan's original effective date is March 1, 2004 and was qualified as a tax-exempt plan under Code sections 401(c) and 501(a), respectively. The plan has been amended since receiving the determination letter and effective September 1, 2014, the Plan was restated to incorporate all prior plan amendments into the plan document. The plan administrator believes that the Plan continues to operate in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the plan is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the 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 were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the notes to 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.

10. Prohibited Transactions – Delinquent Participant Contribution Remittances

For the plan years ended December 2016 through 2021 the Company failed to remit participant deferral contributions and loan repayments totaling \$541,567 to the Plan within the time limit required by the Department of Labor, representing a nonexempt loan of funds to the Company from the Plan.

Delinquent Remittances	
Plan Year	Amount
2016	\$ 9,977
2017	\$ 105,901
2018	\$ 131,958
2019	\$ 129,208
2020	\$ 51,373
2021	\$ 113,150

The Company is in the process of correcting all delinquent remittances. Plan management does not believe that the resolution and correction of these matters will have a negative impact on the Plan's qualified tax status.

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

11. Subsequent Events

Subsequent to year end the United States Stock Exchange experienced significant volatility that has resulted in significant declines in the values of investments held at December 31, 2021. The extent of continued market volatility and market declines is unknown.

On June 28, 2022 the Plan document was amended and restated to incorporate all prior plan amendments and to confirm to recent law changes. The restatement was effective January 1, 2022.

12. Compliance Matters

The following compliance matters have been identified in the current and prior plan year audits that left uncorrected, still impact the plan years ended December 31, 2021 and 2020. As of the report date, management is working with its third-party administrator to take appropriate actions to rectify these matters. While compliance matters could have a significant detrimental impact on the ongoing plan operations, the Company does not believe that the resolution of the identified matters will have a negative impact on the Plan's qualified tax status. As such, the financial statements do not include adjustments that may be required should the Plan lose its qualified tax status as a result of the identified compliance matters.

During the plan years ended December 31, 2016 through 2021, the Company failed to remit participant deferral contributions and loan payments in a timely manner. Although it has not yet done so, the Company plans to correct this deficiency by Filing a Form 5330 for the late remittances and remitting lost earnings to the Plan. Uncorrected late remittances of deferral contributions and loan repayments totaled \$541,567 as of December 31, 2021.

At December 31, 2021, the Plan holds a large balance of noninterest-bearing cash which consists of forfeited account balances, restored assets from stale dated distribution checks and an unidentified amount of funds originating from a plan conversion in an earlier year. The Company is working with the plan's third-party service providers to identify the unknown source of funds, to restore funds from uncashed distribution transactions to participant accounts and to utilize remaining forfeiture amounts for payment of plan expenses.

During 2019 and 2018, the Company excluded bonus compensation from the amount of compensation used to calculate participant deferral contributions. The Plan's definition of compensation includes bonus compensation as compensation eligible for participant deferral and employer matching contributions. These identified deficiencies have not been corrected as of December 31, 2021.

Certain Plan operational activities were inconsistent with the provisions of the Plan Document. Specifically, participants have been allowed to enter the plan prior to the plan entry dates specified in the plan document and several withdrawals under \$5,000 were automatically rolled over into another retirement plan account despite the Plan's Adoption Agreement indicating that the form of withdrawal payment be "cash only". Additionally, it was discovered during the 2019 audit that part-time employees were not offered participation in the Plan. These identified deficiencies have not been corrected as of December 31, 2021.

13. Other Receivable – Prohibited Transaction with the Plan Sponsor

During 2020, the Plan distributed a payment of \$97,409 to the Company from the Plan's noninterest-bearing cash account. The funds held in the noninterest-bearing cash account are labeled as forfeitures; however, a large portion of these funds represent wire transfers received by John Hancock from the Plan's

Alpha Genesis, Inc. 401(k) Plan

Notes to Financial Statements

prior asset custodian following a 2014 change in service providers (see Note 12). The source of these funds has remained unidentified since the 2014 conversion and may include fully vested funds belonging to plan participants. On September 15, 2021, the Company repaid the \$97,409 to the Plan and plan management is working with John Hancock to identify the source of the unidentified funds. Although this payment was subsequently replenished to the Plan during 2021, the initial payment to the Plan Sponsor was not associated with a mistake-of-fact and constitutes a prohibited transaction between the Plan and the Plan Sponsor. The Company has not yet corrected this prohibited transaction or replenished any lost earnings to the Plan associated with this transaction.

14. Form 5500 Reconciliation

The financial statements include accruals for corrective distributions and an other receivable (Note 13) that are not accrued in the Form 5500. The following is a reconciliation of the net assets available for benefits per the financial statements to the net assets available for benefits per the Form 5500 at December 31, 2021:

	2021
Net Assets Available for Benefits per Financial Statements	\$ 2,517,810
2021 Accrued corrective distributions	12,659
Net Assets Available for Benefits per Form 5500	<u>\$ 2,530,469</u>

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

	2020
Net Assets Available for Benefits per Financial Statements	\$ 2,458,054
2020 Other receivable (note 13)	(97,409)
2020 Accrued corrective distributions	2,764
Net Assets Available for Benefits per Form 5500	<u>\$ 2,363,409</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per the Form 5500 for the year ended December 31, 2021:

	2021
Increase in Net Assets Available for Benfits per Financial Statements	\$ 59,756
2021 Accrued corrective distributions	12,659
2020 Accrued corrective distributions	(2,764)
2020 Other receivable (note 13)	97,409
Net Income per Form 5500	<u>\$ 167,060</u>

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4a – Schedule of Delinquent Participant Contributions
For the Plan Year Ended December 31, 2021

Plan Number: 001
Plan Sponsor's EIN: 54-1800459

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	11/18/2016	1/24/2017	X	\$ 2,478	\$ -	\$ -	\$ -
\$ 2,413	12/2/2016	1/24/2017	X	\$ 2,413	\$ -	\$ -	\$ -
\$ 2,553	12/16/2016	1/25/2017	X	\$ 2,553	\$ -	\$ -	\$ -
\$ 2,533	12/30/2016	1/25/2017	X	\$ 2,533	\$ -	\$ -	\$ -
\$ 4,506	1/13/2017	1/25/2017	X	\$ 4,506	\$ -	\$ -	\$ -
\$ 3,531	2/10/2017	3/31/2017	X	\$ 3,531	\$ -	\$ -	\$ -
\$ 4,546	2/24/2017	3/31/2017	X	\$ 4,546	\$ -	\$ -	\$ -
\$ 4,496	3/10/2017	3/31/2017	X	\$ 4,496	\$ -	\$ -	\$ -
\$ 6,044	4/7/2017	5/15/2017	X	\$ 6,044	\$ -	\$ -	\$ -
\$ 4,293	4/21/2017	5/15/2017	X	\$ 4,293	\$ -	\$ -	\$ -
\$ 4,219	5/5/2017	5/16/2017	X	\$ 4,219	\$ -	\$ -	\$ -
\$ 6,231	5/19/2017	6/8/2017	X	\$ 6,231	\$ -	\$ -	\$ -
\$ 6,452	6/16/2017	6/28/2017	X	\$ 6,452	\$ -	\$ -	\$ -
\$ 8,512	6/30/2017	7/20/2017	X	\$ 8,512	\$ -	\$ -	\$ -
\$ 4,217	7/28/2017	8/22/2017	X	\$ 4,217	\$ -	\$ -	\$ -
\$ 4,212	8/11/2017	8/22/2017	X	\$ 4,212	\$ -	\$ -	\$ -
\$ 6,417	8/25/2017	9/22/2017	X	\$ 6,417	\$ -	\$ -	\$ -
\$ 4,633	9/8/2017	9/29/2017	X	\$ 4,633	\$ -	\$ -	\$ -
\$ 4,836	10/20/2017	11/22/2017	X	\$ 4,836	\$ -	\$ -	\$ -
\$ 4,800	10/6/2017	1/23/2018	X	\$ 4,800	\$ -	\$ -	\$ -
\$ 4,760	11/3/2017	1/23/2018	X	\$ 4,760	\$ -	\$ -	\$ -
\$ 4,783	12/1/2017	1/23/2018	X	\$ 4,783	\$ -	\$ -	\$ -
\$ 4,720	12/15/2017	1/23/2018	X	\$ 4,720	\$ -	\$ -	\$ -

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4a – Schedule of Delinquent Participant Contributions
For the Plan Year Ended December 31, 2021

Plan Number: 001
Plan Sponsor's EIN: 54-1800459

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
\$ 4,821	11/17/2017	1/24/2018	X	\$ 4,821	\$ -	\$ -	\$ -	-
\$ 4,872	12/29/2017	1/24/2018	X	\$ 4,872	\$ -	\$ -	\$ -	-
\$ 6,841	1/12/2018	1/24/2018	X	\$ 6,841	\$ -	\$ -	\$ -	-
\$ 7,376	1/26/2018	5/18/2018	X	\$ 7,376	\$ -	\$ -	\$ -	-
\$ 5,142	2/9/2018	5/18/2018	X	\$ 5,142	\$ -	\$ -	\$ -	-
\$ 5,220	2/23/2018	5/18/2018	X	\$ 5,220	\$ -	\$ -	\$ -	-
\$ 5,209	3/9/2018	6/14/2018	X	\$ 5,209	\$ -	\$ -	\$ -	-
\$ 5,172	3/23/2018	6/14/2018	X	\$ 5,172	\$ -	\$ -	\$ -	-
\$ 5,181	4/6/2018	6/14/2018	X	\$ 5,181	\$ -	\$ -	\$ -	-
\$ 5,117	4/20/2018	6/14/2018	X	\$ 5,117	\$ -	\$ -	\$ -	-
\$ 5,232	5/4/2018	6/15/2018	X	\$ 5,232	\$ -	\$ -	\$ -	-
\$ 5,100	5/18/2018	6/15/2018	X	\$ 5,100	\$ -	\$ -	\$ -	-
\$ 5,085	6/1/2018	6/25/2018	X	\$ 5,085	\$ -	\$ -	\$ -	-
\$ 4,976	6/29/2018	7/31/2018	X	\$ 4,976	\$ -	\$ -	\$ -	-
\$ 4,984	7/13/2018	7/31/2018	X	\$ 4,984	\$ -	\$ -	\$ -	-
\$ 5,112	8/10/2018	9/20/2018	X	\$ 5,112	\$ -	\$ -	\$ -	-
\$ 5,011	8/24/2018	9/20/2018	X	\$ 5,011	\$ -	\$ -	\$ -	-
\$ 4,870	9/7/2018	12/28/2018	X	\$ 4,870	\$ -	\$ -	\$ -	-
\$ 7,091	9/21/2018	12/28/2018	X	\$ 7,091	\$ -	\$ -	\$ -	-
\$ 6,854	10/5/2018	12/28/2018	X	\$ 6,854	\$ -	\$ -	\$ -	-
\$ 7,303	10/19/2018	12/28/2018	X	\$ 7,303	\$ -	\$ -	\$ -	-
\$ 4,974	11/2/2018	12/31/2018	X	\$ 4,974	\$ -	\$ -	\$ -	-

See independent auditors' report

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4a – Schedule of Delinquent Participant Contributions
For the Plan Year Ended December 31, 2021

Plan Number: 001
Plan Sponsor's EIN: 54-1800459

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
\$ 4,995	11/16/2018	3/7/2019	X	\$ 4,995	\$ -	\$ -	\$ -	
\$ 5,063	12/14/2018	3/7/2019	X	\$ 5,063	\$ -	\$ -	\$ -	
\$ 5,127	12/28/2018	3/7/2019	X	\$ 5,127	\$ -	\$ -	\$ -	
\$ 4,923	11/30/2018	3/15/2019	X	\$ 4,923	\$ -	\$ -	\$ -	
\$ 4,905	1/11/2019	3/7/2019	X	\$ 4,905	\$ -	\$ -	\$ -	
\$ 5,046	1/25/2019	3/7/2019	X	\$ 5,046	\$ -	\$ -	\$ -	
\$ 5,089	2/8/2019	3/7/2019	X	\$ 5,089	\$ -	\$ -	\$ -	
\$ 4,885	2/22/2019	3/7/2019	X	\$ 4,885	\$ -	\$ -	\$ -	
\$ 4,979	3/22/2019	4/8/2019	X	\$ 4,979	\$ -	\$ -	\$ -	
\$ 4,411	4/19/2019	6/3/2019	X	\$ 4,411	\$ -	\$ -	\$ -	
\$ 6,459	5/3/2019	6/3/2019	X	\$ 6,459	\$ -	\$ -	\$ -	
\$ 5,871	5/17/2019	8/7/2019	X	\$ 5,871	\$ -	\$ -	\$ -	
\$ 5,196	5/31/2019	8/7/2019	X	\$ 5,196	\$ -	\$ -	\$ -	
\$ 5,200	6/14/2019	8/7/2019	X	\$ 5,200	\$ -	\$ -	\$ -	
\$ 5,279	6/28/2019	8/7/2019	X	\$ 5,279	\$ -	\$ -	\$ -	
\$ 5,071	7/12/2019	8/7/2019	X	\$ 5,071	\$ -	\$ -	\$ -	
\$ 7,629	7/26/2019	8/8/2019	X	\$ 7,629	\$ -	\$ -	\$ -	
\$ 5,159	8/9/2019	10/11/2019	X	\$ 5,159	\$ -	\$ -	\$ -	
\$ 5,563	8/23/219	10/14/2019	X	\$ 5,563	\$ -	\$ -	\$ -	
\$ 8,495	9/6/2019	10/14/2019	X	\$ 8,495	\$ -	\$ -	\$ -	
\$ 5,692	9/20/2019	10/14/2019	X	\$ 5,692	\$ -	\$ -	\$ -	
\$ 5,407	10/18/2019	11/19/2019	X	\$ 5,407	\$ -	\$ -	\$ -	

See independent auditors' report

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4a – Schedule of Delinquent Participant Contributions
For the Plan Year Ended December 31, 2021

Plan Number: 001
Plan Sponsor's EIN: 54-1800459

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
\$ 6,395	11/1/2019	11/19/2019	X	\$ 6,395	\$ -	\$ -	\$ -	-
\$ 5,524	11/29/2019	1/9/2020	X	\$ 5,524	\$ -	\$ -	\$ -	-
\$ 10,978	12/13/2019	1/9/2020	X	\$ 10,978	\$ -	\$ -	\$ -	-
\$ 5,975	12/27/2019	1/14/2020	X	\$ 5,975	\$ -	\$ -	\$ -	-
\$ 5,984	1/24/2020	2/6/2020	X	\$ 5,984	\$ -	\$ -	\$ -	-
\$ 6,197	2/21/2020	3/12/2020	X	\$ 6,197	\$ -	\$ -	\$ -	-
\$ 6,253	3/6/2020	3/23/2020	X	\$ 6,253	\$ -	\$ -	\$ -	-
\$ 8,120	6/26/2020	7/10/2020	X	\$ 8,120	\$ -	\$ -	\$ -	-
\$ 8,983	7/10/2020	7/22/2020	X	\$ 8,983	\$ -	\$ -	\$ -	-
\$ 7,274	11/13/2020	12/4/2020	X	\$ 7,274	\$ -	\$ -	\$ -	-
\$ 8,562	12/11/2020	12/22/2020	X	\$ 8,562	\$ -	\$ -	\$ -	-
\$ 9,197	1/21/2021	2/2/2021	X	\$ 9,197	\$ -	\$ -	\$ -	-
\$ 7,328	2/5/2021	2/22/2021	X	\$ 7,328	\$ -	\$ -	\$ -	-
\$ 8	3/5/2021	4/30/2021	X	\$ 8	\$ -	\$ -	\$ -	-
\$ 13	3/19/2021	4/30/2021	X	\$ 13	\$ -	\$ -	\$ -	-
\$ 7,039	4/2/2021	4/30/2021	X	\$ 7,039	\$ -	\$ -	\$ -	-
\$ 6,674	4/30/2021	5/10/2021	X	\$ 6,674	\$ -	\$ -	\$ -	-
\$ 11	5/14/2021	2/10/2023	X	\$ 11	\$ -	\$ -	\$ -	-
\$ 9,333	6/11/2021	7/16/2021	X	\$ 9,333	\$ -	\$ -	\$ -	-
\$ 108	6/14/2021	10/20/2022		\$ 108	\$ -	\$ -	\$ -	-
\$ 52	6/15/2021	10/20/2022		\$ 52	\$ -	\$ -	\$ -	-

See independent auditors' report

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4a – Schedule of Delinquent Participant Contributions
For the Plan Year Ended December 31, 2021

Plan Number: 001
Plan Sponsor's EIN: 54-1800459

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
\$ 7,062	6/25/2021	7/16/2021	X	\$ 7,062	\$ -	\$ -	\$ -	
\$ 8,301	8/6/2021	9/3/2021	X	\$ 8,301	\$ -	\$ -	\$ -	
\$ 9	8/6/2021	2/10/2023	X	\$ 9	\$ -	\$ -	\$ -	
\$ 10,285	8/20/2021	9/10/2021	X	\$ 10,285	\$ -	\$ -	\$ -	
\$ 9	8/20/2021	2/10/2023	X	\$ 9	\$ -	\$ -	\$ -	
\$ 9	9/3/2021	2/10/2023	X	\$ 9	\$ -	\$ -	\$ -	
\$ 9,154	9/17/2021	10/11/2021	X	\$ 9,154	\$ -	\$ -	\$ -	
\$ 10,134	10/15/2021	11/30/2021	X	\$ 10,134	\$ -	\$ -	\$ -	
\$ 10,058	10/29/2021	12/1/2021	X	\$ 10,058	\$ -	\$ -	\$ -	
\$ 9,784	11/12/2021	12/2/2021	X	\$ 9,784	\$ -	\$ -	\$ -	
\$ 11	11/12/2021	2/10/2023	X	\$ 11	\$ -	\$ -	\$ -	
\$ 11	11/26/2021	2/10/2023	X	\$ 11	\$ -	\$ -	\$ -	
\$ 8,560	12/23/2021	1/18/2022	X	\$ 8,560	\$ -	\$ -	\$ -	

See independent auditors' report

Alpha Genesis, Inc. 401(k) Plan
Schedule H; Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

Plan Number: 001

Plan Sponsor's EIN: 54-1800459

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost **	Current Value	
Collective Investment Trust				
* John Hancock Life Insurance Company	John Hancock Stable Value Fund		\$	312,939
Pooled Separate Account - Mutual Funds				
* J.P. Morgan	JPMorgan SmartRetirement 2040			305,175
* Fidelity	Fidelity Mid Cap Index Fund			253,247
* J.P. Morgan	JPMorgan SmartRetirement 2030			192,234
* J.P. Morgan	JPMorgan SmartRetirement 2035			183,897
* John Hancock	JH Multimanager Balanced LS			126,358
* J.P. Morgan	JPMorgan SmartRetirement 2025			109,926
* American Funds	EuroPacific Growth Fund			105,587
* J.P. Morgan	JPMorgan SmartRetirement 2060			103,365
* Vanguard	Vanguard Total International Stock Index			85,435
* Wells Fargo	Wells Fargo Special SCV Fund			78,418
* J.P. Morgan	JPMorgan SmartRetirement 2050			73,793
* PIMCO	PIMCO Income Fund			68,351
* John Hancock	JH Multimanager Growth LS			66,716
* John Hancock	JH Multimanager Aggressive LS			49,888
* John Hancock	500 Index Fund			47,995
* T. Rowe Price	T. Rowe Price International Value Equity			47,630
* J.P. Morgan	JPMorgan SmartRetirement 2045			32,373
* John Hancock	John Hancock Bond Fund			31,760
* Janus Henderson	Janus Henderson Triton Fund			31,058
* John Hancock	JH Multimanager Conservative LS			23,948
* J.P. Morgan	JPMorgan SmartRetirement 2055			18,406
* MFS	MFS Mid Cap Growth Fund			10,954
* J.P. Morgan	JPMorgan SmartRetirement 2020			6,803
* BlackRock	BlackRock Global Allocation			5,086
* J.P. Morgan	JPMorgan SmartRetirement Income			2,485
* J.P. Morgan	JPMorgan Large Cap Growth			2,339
* John Hancock	JH Multimanager Moderate LS			246
				<u>2,063,473</u>
	Interest rates ranging from 4.25% - 6.50%;			
* Participant Loans	various maturities through 2026			8,888
Total				<u><u>\$ 2,385,300</u></u>

* Denotes a party in interest

** Cost omitted for participant directed investments

The above information, excluding information related to participant loans, was obtained from data that has been prepared and certified as complete and accurate by the Plan custodian.