Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KOMODO HEALTH INC. RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
KOMODO HEALTH INC.

680 FOLSOM STREET
5TH FLOOR
SAN FRANCISCO, CA 94107

2b Employer Identification Number (EIN) 47-1785446

2c Plan Sponsor's telephone number 908-635-3553

2d Business code (see instructions) 541990

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.	03/09/2023	TAHMINA PARVIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2023	TAHMINA PARVIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	237
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	198
a(2) Total number of active participants at the end of the plan year	**6a(2)**	269
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	73
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	342
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	342
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	291
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
KOMODO HEALTH INC. RETIREMENT TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
KOMODO HEALTH INC.	47-1785446

Part I Service Provider Information (see instructions)

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)

LT TRUST

PO BOX 5508
DENVER, CO 80217

61-1607607

(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 65 37 64	RECORDKEEPER	38566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
KOMODO HEALTH INC. RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMODO HEALTH INC.

D Employer Identification Number (EIN)
47-1785446

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	733
(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)	46000	24719
(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)	6546309	12608506
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	6592309	12633958
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6592309	12633958

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1494907	
	(B) Participants	2a(1)(B)	3093076	
	(C) Others (including rollovers)	2a(1)(C)	1215885	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5803868
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)	2110	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2110
	(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)	202311	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		202311
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1491681
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7499970
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1429736	
(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)		1429736
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28585	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28585
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1458321
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6041649
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: SINGERLEWAK **(2)** EIN: 95-2302617

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		1010148

			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?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
KOMODO HEALTH INC. RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMODO HEALTH INC.

D Employer Identification Number (EIN)
47-1785446

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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): _____

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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_____

KOMODO HEALTH, INC. RETIREMENT TRUST

FINANCIAL REPORT

DECEMBER 31, 2020

KOMODO HEALTH, INC. RETIREMENT TRUST
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SingerLewak
Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Management of
Komodo Health, Inc. Retirement Trust

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Komodo Health, Inc. Retirement Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified or provided by Broadridge Matrix Trust Company for the period from December 14, 2020 to December 31, 2020, the current custodian of the Plan, and by LT Trust for 2019 and for the period from January 1, 2020 to December 13, 2020, the prior custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained a certification from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the custodians is complete and accurate.

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

Emphasis of Matter
As discussed in Note 11 to the financial statements, the 2020 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Other Matter
The supplemental schedules: Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Singer Lewak LLP

June 29, 2022, except for Note 11 as to
which the date is March 9, 2023

KOMODO HEALTH, INC. RETIREMENT TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value		
Interest-bearing cash	$ 733	$ -
Money market	-	13,426
Registered investment companies	12,608,506	6,532,883
Total investments, at fair value	12,609,239	6,546,309
Receivables		
Participants' contributions	36,875	87,268
Employer contribution	154,784	112,094
Notes receivable from participants	24,719	46,000
Total receivables	216,378	245,362
Net assets available for benefits	**$ 12,825,617**	**$ 6,791,671**

See notes to financial statements.

KOMODO HEALTH, INC. RETIREMENT TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2020

Additions to net assets attributed to	
Investment income:	
Net appreciation in fair value of investments	$ 1,491,681
Dividend and interest income	202,311
Total investment income	1,693,992
Interest income on notes receivable from participant	2,110
Contributions:	
Participants' contributions	3,042,683
Employer's contributions	1,537,597
Rollovers	1,215,885
Total contributions	5,796,165
Total additions	7,492,267
Deductions from net assets attributed to	
Withdrawals and distributions	1,429,736
Administrative expenses	28,585
Total deductions	1,458,321
Net increase in net assets	6,033,946
Net assets available for benefits, beginning of year	6,791,671
Net assets available for benefits, end of year	**$ 12,825,617**

See notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Komodo Health, Inc. Retirement Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was established on January 1, 2015, by Komodo Health, Inc. (the "Company") to provide benefits to eligible employees as defined in the Plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA"), as amended.

Administration

The Company has appointed a Plan Administrator to manage the operation and administration of the Plan. The Company has contracted with LT Trust Company ("LT Trust") to act as the custodian in 2019 and from January 1, 2020 to December 13, 2020. The Company switched to Broadridge Matrix Trust Company effective on December 14, 2020. The Company also contracted with Human Interest Inc. as the third-party administrator to process and maintain the records of participant data.

Eligibility

Employees of the Company are eligible to participate in the Plan immediately upon hire. There is no minimum age requirement for participation in the Plan. The Plan excludes employees covered by a collective bargaining agreement, non-resident aliens who receive no earned income within the United States, interns and employees who are not scheduled to work 1,000 hours during the plan year. In the event an employee who is not scheduled to work over 1,000 hours during a plan year completes 1,000 hours, the employee will be allowed to participate on the next entry date.

Participant Contributions

The Plan has an automatic enrollment provision, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan upon hire. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation up to an amount allowable under the Plan document and current income tax regulations. The maximum elective deferral contribution is 100% of compensation. Contributions withheld are invested in accordance with the participant's direction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants can make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions
The Plan allows discretionary profit-sharing employer contributions determined by the Company on an annual basis. There were no profit-sharing contributions made to the Plan during 2020.

Safe Harbor Matching Contribution
The Plan allows for a safe harbor matching contribution in an amount equal to 100% of the Participant's matched employee contributions that are not in excess of 4% of the Participant's compensation. There were $1,537,597 safe harbor matching contributions made to the Plan during 2020.

Vesting
Participants are vested immediately in all contributions plus actual earnings thereon.

Participant Accounts
Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, rollovers, and allocations of the Plan's earnings and administrative expenses. Each participant's account is credited with the participant's contribution and the employer's contribution, if any. Plan earnings are allocated based on participant account balances, as defined.

Payment of Benefits
Upon termination of employment, normal retirement or death, the participants or beneficiaries may elect to leave their account balance in the Plan or receive their total benefits in a lump-sum amount equal to the value of the participant's interest in their account or in the form of an annuity, if subject to lifetime required minimum distribution. The Plan allows for an automatic lump sum distribution of participant vested account balances that do not exceed $1,000. If the vested amount of a participant's account exceeds $1,000, the participant must consent to any distribution of the account balance.

Financial Hardship Distribution
The Plan allows for hardship distributions in accordance with Internal Revenue Service ("IRS") regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

The Coronavirus Aid Relief, and Economic Security Act (CARES Act) was passed by the U.S. Senate on March 26, 2020. The CARES Act permits eligible Plan participants to request penalty – free distributions of up to $100,000 for qualifying coronavirus-related reasons through December 31, 2020. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The CARES Act also waived required minimum distributions for 2020.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

The Plan allows participants to borrow up to the lesser of $50,000 or 50% of their vested account balance. The minimum loan amount that a participant may request is $1,000. Participants may have one loan outstanding at any time. The notes are secured by the participant's balance. Such notes bear interest at the prime rate published in the Wall Street Journal plus 1% and must be repaid to the Plan within a five-year period, unless the note is used for the purchase of a principal residence, in which case the maximum repayment period may be longer. The specific terms and conditions of such notes are established by the Company.

Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time throughout the year via the Internet website or by using the automated telephone system offered by the custodian.

Forfeitures

Forfeitures are used to pay for reasonable plan expenses, to reduce or be reallocated as employer contributions and/or restore forfeitures. There were no forfeitures as of December 31, 2020 and 2019. $497 out of forfeiture was used to reduce Employer matching contribution during 2020.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Plan Expenses

Substantially all expenses incurred for administering the Plan are paid by the Company. Plan expenses not paid by the Company will be charged on a pro-rata basis to the value of the participants account balances.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Management fees charged to the Plan for investments in registered investment companies are based on assets invested and are deducted on a daily basis. Management fees are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. There were no delinquent notes receivable from participants as of December 31, 2020 and 2019. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Income Taxes

The Plan adopted a non-standardized form of a volume submitter plan. The volume submitter plan has received an opinion letter from the Internal Revenue Service ("IRS") as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

COVID-19

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected and may continue to affect Plan assets. While the potential economic impact brought by, and the duration of COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

NOTE 3 – FAIR VALUE MEASUREMENT

The fair value measurements standard establishes a 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 the standard are described below:

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.

Level 2 – Inputs to the valuation methodology include:

- Quoted market 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 and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There has been no changes in the methodologies used at December 31, 2020 and 2019.

NOTE 3 – FAIR VALUE MEASUREMENT (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Interest- bearing cash/ Money Market
Valued at the carrying value, which approximates fair value due to the short-term nature of such investments.

Registered investment companies (mutual funds)
Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

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

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 733	$ -	$ -	$ 733
Registered investment companies	$ 12,608,506	$ -	$ -	$12,608,506
Total assets in the fair value hierarchy	$ 12,609,239	$ -	$ -	$12,609,239

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market	$ 13,426	$ -	$ -	$ 13,426
Registered investment companies	$ 6,532,883	$ -	$ -	$ 6,532,883
Total assets in the fair value hierarchy	$ 6,546,309	$ -	$ -	$ 6,546,309

NOTE 4 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed and held by LT Trust for 2019 and from January 1, 2020 to December 13, 2020 and by Broadridge Matrix Trust Company from December 14, 2020 to December 31, 2020. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 5 – CERTIFIED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Broadridge Matrix Trust Company, the current custodian, and LT Trust, the prior custodian of the Plan have certified the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019;
- Net appreciation in fair value of investments and dividend and interest income reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020;
- Assets reflected on the supplemental schedule: Schedule H, Line 4I – Schedule of Assets (Held at End of Year) as of December 31, 2020.

NOTE 6 – PLAN TERMINATION OR MODIFICATION

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time by resolution of its board of directors and is subject to the provisions of ERISA. Upon termination of the Plan, contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 7 – UNCERTAIN TAX POSITIONS

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS or the DOL. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in question.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for benefits per the financial statements	$12,825,617
Adjustment for employer's contributions receivable	(154,784)
Adjustment for participants' contributions receivable	(36,875)
Net assets available for benefits per the Form 5500	**$12,633,958**

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

Participants' contributions per the financial statements	$ 3,042,683
Adjustment for prior year participants' contributions receivable	87,268
Adjustment for current year participants' contributions receivable	(36,875)
Total participants' contributions per the Form 5500	**$ 3,093,076**
Employer's contributions per the financial statements	$ 1,537,597
Adjustment for prior year employer's contributions receivable	112,094
Adjustment for current year employer's contributions receivable	(154,784)
Total employer's contributions per the Form 5500	**$ 1,494,907**

NOTE 9 – NON-EXEMPT TRANSACTIONS

During 2020, the Plan sponsor failed to deposit $1,010,148 of the participants' contributions and loan repayments within the required timeframe as stated by the United States Department of Labor's regulations. Delay in remitting the contributions to the custodian were due to an administrative error. The Company deposited the contributions with the custodian in 2020. In 2022, the Company will deposit the lost earnings into the affected participant's account to correct the error outside of the Voluntary Fiduciary Correction Program (VFCP).

NOTE 10 – SUBSEQUENT EVENTS

Effective December 1, 2021, the Plan contracted with Fidelity Management Trust Company ("Fidelity") to act as the trustee, custodian, and third-party administrator affiliated with Fidelity to process and maintain the records of participant data. Plan assets were transferred from Broadridge Matrix Trust Company to Fidelity on December 8, 2021.

The Plan has evaluated subsequent events through June 29, 2022, which is the date the financial statements were available to be issued and has determined that there are no subsequent events that require disclosure.

NOTE 11 – RESTATEMENT

The supplemental schedule, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, has been restated to report the delinquent contributions discussed in Note 9 as not corrected as of December 31, 2020, as lost earnings were not deposited until the year ended December 31, 2021. The delinquent contributions were previously reported as corrected outside of the VFCP as of December 31, 2020.

SUPPLEMENTAL INFORMATION

KOMODO HEALTH, INC. RETIREMENT TRUST

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2020

Plan Sponsor EIN 47-1785446
Plan #001

	Participant contributions transferred late to Plan	Totals that Constitute Nonexempt Prohibited Transactions			
Pay Dates	Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
2020	X	$ 1,010,148	$ -	$ -	$ -

KOMODO HEALTH, INC. RETIREMENT TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2020

Plan Sponsor EIN 47-1785446
Plan #001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Interest-bearing cash	**	$ 733
	BANC Master Deposit Account A	Registered investment company	**	59,980
	DFA Emerging Markets Small Cap I	Registered investment company	**	4,496
	DFA Emerging Markets Value I	Registered investment company	**	5,349
	DFA Global Real Estate Securities Port	Registered investment company	**	16,776
	DFA International Value I	Registered investment company	**	17,496
	TIAA-CREF Core Impact Bond Premier	Registered investment company	**	6,152
	TIAA-CREF Social Choice EQ Premier	Registered investment company	**	5,071
	Vanguard 500 Index Admiral	Registered investment company	**	128,835
	Vanguard Developed Markets Index Admiral	Registered investment company	**	36,734
	Vanguard Emerging MKTS Stock IDX ADM	Registered investment company	**	14,421
	Vanguard FTSE Social Index Admiral	Registered investment company	**	185,150
	Vanguard Growth Index Admiral	Registered investment company	**	211,120
	Vanguard Interm-Term Bond Index ADM	Registered investment company	**	191
	Vanguard Long-Term Bond Index Admiral	Registered investment company	**	89,396
	Vanguard Mid Cap Index Admiral	Registered investment company	**	24,883
	Vanguard Mid-Cap Growth Index Admiral	Registered investment company	**	83,285
	Vanguard Mid-Cap Value Index Admiral	Registered investment company	**	8,778
	Vanguard Real Estate Index Admiral	Registered investment company	**	877,109
	Vanguard Short-Term Bond Index ADM	Registered investment company	**	48
	Vanguard Short-Term INFL-PROT SEC IDX ADM	Registered investment company	**	128,171
	Vanguard Small Cap Growth Index Admiral	Registered investment company	**	45,470
	Vanguard Small Cap Index ADM	Registered investment company	**	50,828
	Vanguard Small Cap Value Index Admiral	Registered investment company	**	4,260
	Vanguard Total Bond Market Index ADM	Registered investment company	**	1,191,002
	Vanguard Total INTL BD IDX Admiral	Registered investment company	**	481,877
	Vanguard Total INTL Stock Index Admiral	Registered investment company	**	3,385,600
	Vanguard Total Stock MKT IDX ADM	Registered investment company	**	5,541,943
	Vanguard Value Index ADM	Registered investment company	**	4,085
*	Participant loans	Interest rate at 5.75% maturing in 2022	**	24,719
		Total		**$ 12,633,958**

* Denotes party-in-interest

**Information is not required as the investments are participant directed

See independent auditor's report.

KOMODO HEALTH, INC. RETIREMENT TRUST

FINANCIAL REPORT

DECEMBER 31, 2020

KOMODO HEALTH, INC. RETIREMENT TRUST
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SingerLewak
Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Management of
Komodo Health, Inc. Retirement Trust

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Komodo Health, Inc. Retirement Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified or provided by Broadridge Matrix Trust Company for the period from December 14, 2020 to December 31, 2020, the current custodian of the Plan, and by LT Trust for 2019 and for the period from January 1, 2020 to December 13, 2020, the prior custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained a certification from the custodians as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the custodians is complete and accurate.

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

Emphasis of Matter
As discussed in Note 11 to the financial statements, the 2020 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Other Matter
The supplemental schedules: Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Singer Lewak LLP

June 29, 2022, except for Note 11 as to
which the date is March 9, 2023

KOMODO HEALTH, INC. RETIREMENT TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value		
Interest-bearing cash	$ 733	$ -
Money market	-	13,426
Registered investment companies	12,608,506	6,532,883
Total investments, at fair value	12,609,239	6,546,309
Receivables		
Participants' contributions	36,875	87,268
Employer contribution	154,784	112,094
Notes receivable from participants	24,719	46,000
Total receivables	216,378	245,362
Net assets available for benefits	**$ 12,825,617**	**$ 6,791,671**

See notes to financial statements.

KOMODO HEALTH, INC. RETIREMENT TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2020

Additions to net assets attributed to	
Investment income:	
Net appreciation in fair value of investments	$ 1,491,681
Dividend and interest income	202,311
Total investment income	1,693,992
Interest income on notes receivable from participant	2,110
Contributions:	
Participants' contributions	3,042,683
Employer's contributions	1,537,597
Rollovers	1,215,885
Total contributions	5,796,165
Total additions	7,492,267
Deductions from net assets attributed to	
Withdrawals and distributions	1,429,736
Administrative expenses	28,585
Total deductions	1,458,321
Net increase in net assets	6,033,946
Net assets available for benefits, beginning of year	6,791,671
Net assets available for benefits, end of year	**$ 12,825,617**

See notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Komodo Health, Inc. Retirement Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was established on January 1, 2015, by Komodo Health, Inc. (the "Company") to provide benefits to eligible employees as defined in the Plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA"), as amended.

Administration

The Company has appointed a Plan Administrator to manage the operation and administration of the Plan. The Company has contracted with LT Trust Company ("LT Trust") to act as the custodian in 2019 and from January 1, 2020 to December 13, 2020. The Company switched to Broadridge Matrix Trust Company effective on December 14, 2020. The Company also contracted with Human Interest Inc. as the third-party administrator to process and maintain the records of participant data.

Eligibility

Employees of the Company are eligible to participate in the Plan immediately upon hire. There is no minimum age requirement for participation in the Plan. The Plan excludes employees covered by a collective bargaining agreement, non-resident aliens who receive no earned income within the United States, interns and employees who are not scheduled to work 1,000 hours during the plan year. In the event an employee who is not scheduled to work over 1,000 hours during a plan year completes 1,000 hours, the employee will be allowed to participate on the next entry date.

Participant Contributions

The Plan has an automatic enrollment provision, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan upon hire. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation up to an amount allowable under the Plan document and current income tax regulations. The maximum elective deferral contribution is 100% of compensation. Contributions withheld are invested in accordance with the participant's direction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants can make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions
The Plan allows discretionary profit-sharing employer contributions determined by the Company on an annual basis. There were no profit-sharing contributions made to the Plan during 2020.

Safe Harbor Matching Contribution
The Plan allows for a safe harbor matching contribution in an amount equal to 100% of the Participant's matched employee contributions that are not in excess of 4% of the Participant's compensation. There were $1,537,597 safe harbor matching contributions made to the Plan during 2020.

Vesting
Participants are vested immediately in all contributions plus actual earnings thereon.

Participant Accounts
Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, rollovers, and allocations of the Plan's earnings and administrative expenses. Each participant's account is credited with the participant's contribution and the employer's contribution, if any. Plan earnings are allocated based on participant account balances, as defined.

Payment of Benefits
Upon termination of employment, normal retirement or death, the participants or beneficiaries may elect to leave their account balance in the Plan or receive their total benefits in a lump-sum amount equal to the value of the participant's interest in their account or in the form of an annuity, if subject to lifetime required minimum distribution. The Plan allows for an automatic lump sum distribution of participant vested account balances that do not exceed $1,000. If the vested amount of a participant's account exceeds $1,000, the participant must consent to any distribution of the account balance.

Financial Hardship Distribution
The Plan allows for hardship distributions in accordance with Internal Revenue Service ("IRS") regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

The Coronavirus Aid Relief, and Economic Security Act (CARES Act) was passed by the U.S. Senate on March 26, 2020. The CARES Act permits eligible Plan participants to request penalty – free distributions of up to $100,000 for qualifying coronavirus-related reasons through December 31, 2020. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The CARES Act also waived required minimum distributions for 2020.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

The Plan allows participants to borrow up to the lesser of $50,000 or 50% of their vested account balance. The minimum loan amount that a participant may request is $1,000. Participants may have one loan outstanding at any time. The notes are secured by the participant's balance. Such notes bear interest at the prime rate published in the Wall Street Journal plus 1% and must be repaid to the Plan within a five-year period, unless the note is used for the purchase of a principal residence, in which case the maximum repayment period may be longer. The specific terms and conditions of such notes are established by the Company.

Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time throughout the year via the Internet website or by using the automated telephone system offered by the custodian.

Forfeitures

Forfeitures are used to pay for reasonable plan expenses, to reduce or be reallocated as employer contributions and/or restore forfeitures. There were no forfeitures as of December 31, 2020 and 2019. $497 out of forfeiture was used to reduce Employer matching contribution during 2020.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Plan Expenses

Substantially all expenses incurred for administering the Plan are paid by the Company. Plan expenses not paid by the Company will be charged on a pro-rata basis to the value of the participants account balances.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Management fees charged to the Plan for investments in registered investment companies are based on assets invested and are deducted on a daily basis. Management fees are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. There were no delinquent notes receivable from participants as of December 31, 2020 and 2019. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Income Taxes

The Plan adopted a non-standardized form of a volume submitter plan. The volume submitter plan has received an opinion letter from the Internal Revenue Service ("IRS") as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

COVID-19

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected and may continue to affect Plan assets. While the potential economic impact brought by, and the duration of COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

NOTE 3 – FAIR VALUE MEASUREMENT

The fair value measurements standard establishes a 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 the standard are described below:

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.

Level 2 – Inputs to the valuation methodology include:

- Quoted market 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 and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There has been no changes in the methodologies used at December 31, 2020 and 2019.

NOTE 3 – FAIR VALUE MEASUREMENT (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Interest- bearing cash/ Money Market
Valued at the carrying value, which approximates fair value due to the short-term nature of such investments.

Registered investment companies (mutual funds)
Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

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

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 733	$ -	$ -	$ 733
Registered investment companies	$ 12,608,506	$ -	$ -	$12,608,506
Total assets in the fair value hierarchy	$ 12,609,239	$ -	$ -	$12,609,239

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market	$ 13,426	$ -	$ -	$ 13,426
Registered investment companies	$ 6,532,883	$ -	$ -	$ 6,532,883
Total assets in the fair value hierarchy	$ 6,546,309	$ -	$ -	$ 6,546,309

NOTE 4 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed and held by LT Trust for 2019 and from January 1, 2020 to December 13, 2020 and by Broadridge Matrix Trust Company from December 14, 2020 to December 31, 2020. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 5 – CERTIFIED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Broadridge Matrix Trust Company, the current custodian, and LT Trust, the prior custodian of the Plan have certified the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019;
- Net appreciation in fair value of investments and dividend and interest income reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020;
- Assets reflected on the supplemental schedule: Schedule H, Line 4I – Schedule of Assets (Held at End of Year) as of December 31, 2020.

NOTE 6 – PLAN TERMINATION OR MODIFICATION

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time by resolution of its board of directors and is subject to the provisions of ERISA. Upon termination of the Plan, contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 7 – UNCERTAIN TAX POSITIONS

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS or the DOL. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in question.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for benefits per the financial statements	$12,825,617
Adjustment for employer's contributions receivable	(154,784)
Adjustment for participants' contributions receivable	(36,875)
Net assets available for benefits per the Form 5500	**$12,633,958**

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

Participants' contributions per the financial statements	$ 3,042,683
Adjustment for prior year participants' contributions receivable	87,268
Adjustment for current year participants' contributions receivable	(36,875)
Total participants' contributions per the Form 5500	**$ 3,093,076**
Employer's contributions per the financial statements	$ 1,537,597
Adjustment for prior year employer's contributions receivable	112,094
Adjustment for current year employer's contributions receivable	(154,784)
Total employer's contributions per the Form 5500	**$ 1,494,907**

NOTE 9 – NON-EXEMPT TRANSACTIONS

During 2020, the Plan sponsor failed to deposit $1,010,148 of the participants' contributions and loan repayments within the required timeframe as stated by the United States Department of Labor's regulations. Delay in remitting the contributions to the custodian were due to an administrative error. The Company deposited the contributions with the custodian in 2020. In 2022, the Company will deposit the lost earnings into the affected participant's account to correct the error outside of the Voluntary Fiduciary Correction Program (VFCP).

NOTE 10 – SUBSEQUENT EVENTS

Effective December 1, 2021, the Plan contracted with Fidelity Management Trust Company ("Fidelity") to act as the trustee, custodian, and third-party administrator affiliated with Fidelity to process and maintain the records of participant data. Plan assets were transferred from Broadridge Matrix Trust Company to Fidelity on December 8, 2021.

The Plan has evaluated subsequent events through June 29, 2022, which is the date the financial statements were available to be issued and has determined that there are no subsequent events that require disclosure.

NOTE 11 – RESTATEMENT

The supplemental schedule, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, has been restated to report the delinquent contributions discussed in Note 9 as not corrected as of December 31, 2020, as lost earnings were not deposited until the year ended December 31, 2021. The delinquent contributions were previously reported as corrected outside of the VFCP as of December 31, 2020.

SUPPLEMENTAL INFORMATION

KOMODO HEALTH, INC. RETIREMENT TRUST

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2020

Plan Sponsor EIN 47-1785446
Plan #001

	Participant contributions transferred late to Plan	Totals that Constitute Nonexempt Prohibited Transactions			
Pay Dates	Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
2020	X	$ 1,010,148	$ -	$ -	$ -

KOMODO HEALTH, INC. RETIREMENT TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2020

Plan Sponsor EIN 47-1785446
Plan #001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Interest-bearing cash	**	$ 733
	BANC Master Deposit Account A	Registered investment company	**	59,980
	DFA Emerging Markets Small Cap I	Registered investment company	**	4,496
	DFA Emerging Markets Value I	Registered investment company	**	5,349
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	Vanguard Total Stock MKT IDX ADM	Registered investment company	**	5,541,943
	Vanguard Value Index ADM	Registered investment company	**	4,085
*	Participant loans	Interest rate at 5.75% maturing in 2022	**	24,719
		Total		**$ 12,633,958**

* Denotes party-in-interest

**Information is not required as the investments are participant directed

See independent auditor's report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is: ☐ the first return/report ☐ the final return/report
☒ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
KOMODO HEALTH INC. RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
KOMODO HEALTH INC.

680 FOLSOM STREET
5TH FLOOR
SAN FRANCISCO CA 94107

2b Employer Identification Number (EIN) 47-1785446

2c Plan Sponsor's telephone number 908-635-3553

2d Business code (see instructions) 541990

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	Tahmina Parvin	03/09/2023	TAHMINA PARVIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Tahmina Parvin	03/09/2023	TAHMINA PARVIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2020) v. 200204**

018401 12-03-20