

**Form 5500**

**Annual Return/Report of Employee Benefit Plan**

OMB Nos. 1210-0110  
1210-0089

**2022**

**This Form is Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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.**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 04/01/2022

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
|  | <b>1c</b> Effective date of plan<br><u>01/01/2000</u>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS</u><br><br><u>11605 HAYNES BRIDGE ROAD, SUITE 400</u><br><u>ALPHARETTA, GA 30009</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>46-4593394</u> |
|  | <b>2c</b> Plan Sponsor's telephone number<br><u>770-978-3173</u>    |
|  | <b>2d</b> Business code (see instructions)<br><u>541910</u>         |
|  |   |

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

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

|                  |  |                   |  |
|------------------|--|-------------------|--|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>04/04/2023</u> | <u>PAM HOLLAND-RIDDLE</u>                                    |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  |                   |  |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |  |                   |  |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Form 5500 (2022)**  
v. 220413

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b> 757   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).   |  |
| <b>6a(1)</b> Total number of active participants at the beginning of the plan year .....   | <b>6a(1)</b> 514   |
| <b>6a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b> 0   |
| <b>b</b> Retired or separated participants receiving benefits .....  | <b>6b</b> 0  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  | <b>6c</b> 0  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b> 0  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b> 0  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b> 0  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....   | <b>6g</b> 0  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b> 0  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....   | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T  |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  |  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <sup>1</sup> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **04/01/2022**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN</b></p>                         | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>46-4593394</b></p> |                   |

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

**1 Coverage Information:**

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 01-0233346 | 65838         | 96286                                 | 0   | 01/01/2022              | 04/01/2022 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 24292                                       | 5435                                 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**RAYMOND JAMES INSURANCE GROUP, INC.**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                   | (e) Organization code |
|---|---------------------------------|-------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose       |                       |
| 24292   |                                 | BROKER COMMISSION | 3                     |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   | 5435                            | TPA FEE     | 5                     |

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

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

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

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

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

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

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

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

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

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

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

|   |          |  |
|---|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|   |           |  |
|---|-----------|--|
| <b>b</b> Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

|   |              |  |
|---|--------------|--|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
|   | <b>7c(2)</b> |  |
|   | <b>7c(3)</b> |  |
|   | <b>7c(4)</b> |  |
|   | <b>7c(5)</b> |  |
|   |              |  |
| (6) Total additions.....  | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> Deductions:  |              |  |
|   | <b>7e(1)</b> |  |
|   | <b>7e(2)</b> |  |
|   | <b>7e(3)</b> |  |
|   | <b>7e(4)</b> |  |
|   |              |  |
| (5) Total deductions.....   | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

|   |                 |                 |  |
|---|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....  | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....  | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....  |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |  |
| (A) Commissions .....   | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....   | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....  | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....  |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....   |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....  |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....  |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....  |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....   |                 | <b>9e</b>       |  |
| <b>10</b> Nonexperience-rated contracts:  |                 |                 |  |
| <b>a</b> Total premiums or subscription charges paid to carrier .....   |                 | <b>10a</b>      |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... |                 | <b>10b</b>      |  |
| Specify nature of costs.  |                 |                 |  |

**Part IV Provision of Information**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 04/01/2022

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS | <b>D</b> Employer Identification Number (EIN)<br>46-4593394 |     |

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---|--|--|--|---|--|
| 15 28 59<br>60 62 63<br>68 | RECORD-DEEPER   | 37823  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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.

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

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 04/01/2022

|   |                                       |            |
|---|---------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) | <u>001</u> |
|---|---------------------------------------|------------|

|  |  |
|--|--|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS</u> | <b>D</b> Employer Identification Number (EIN)<br><u>46-4593394</u> |
|--|--|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2065 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2030 LIFETIME**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2025 LIFETIME**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2020 LIFETIME**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2015 LIFETIME**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER 2010 LIFETIME**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER AGGRESSIVE LS**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER GROWTH LS**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER BALANCED LS**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER MODERATE LS**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTIMANAGER CONSERV LS**

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

|                                       |                               |   |          |
|---------------------------------------|-------------------------------|---|----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>0</b> |
|---------------------------------------|-------------------------------|---|----------|

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND        |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTL FUND |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND           |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                 |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF THE GROWTH FUND OF AMERICA</b>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO EQV INTL EQUITY FUND</b>   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK DISCIPLINED VALUE</b> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF AMERICAN BALANCED FUND</b>      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FRANKLIN GLOBAL ALLOCATION</b>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CORE BOND FUND</b>                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FEDERATED HIGH YIELD BOND</b>      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY ADVISOR TOTAL BOND</b>    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MONEY MARKET FUND</b>              |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>            |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>  | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                    |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |



**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

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **04/01/2022**

|  |   |
|--|---|
| <b>A</b> Name of plan<br>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ► <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS | <b>D</b> Employer Identification Number (EIN)<br>46-4593394 |

**Part I Asset and Liability Statement**

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

| <b>Assets</b>   |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|---|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash.....  | <b>1a</b>       | 37583                        | 0                      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                              |                        |
| <b>(1)</b> Employer contributions.....  | <b>1b(1)</b>    | 501261                       | 0                      |
| <b>(2)</b> Participant contributions.....   | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other.....   | <b>1b(3)</b>    |                              |                        |
| <b>c</b> General investments:   |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                              |                        |
| <b>(2)</b> U.S. Government securities.....  | <b>1c(2)</b>    |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                              |                        |
| <b>(A)</b> Preferred.....   | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other.....   | <b>1c(3)(B)</b> |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                              |                        |
| <b>(A)</b> Preferred.....   | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common.....  | <b>1c(4)(B)</b> |                              |                        |
| <b>(5)</b> Partnership/joint venture interests.....   | <b>1c(5)</b>    |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants).....  | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans.....   | <b>1c(8)</b>    | 193193                       | 0                      |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 19228246                     | 0                      |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                              |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                              |                        |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                              |                        |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 19960283              | 0               |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    | 81494                 |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 81494                 |                 |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 19878789              | 0               |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) |            |           |
| (B) Participants.....  | 2a(1)(B) |            |           |
| (C) Others (including rollovers).....  | 2a(1)(C) |            |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            |           |
| <b>b Earnings on investments:</b>  |          |            |           |
| (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) | 3303       |           |
| (F) Other.....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 3303      |
| (2) Dividends: (A) Preferred stock.....  | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            |           |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -1095807  |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....  | <b>2c</b>     |            | 7929      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | <b>2d</b>     |            | -1084575  |
| <b>Expenses</b>  |               |            |           |
| <b>e</b> Benefit payment and payments to provide benefits:   |               |            |           |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....                 | <b>2e(1)</b>  | 1089671    |           |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                                   | <b>2e(2)</b>  |            |           |
| <b>(3)</b> Other .....   | <b>2e(3)</b>  |            |           |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                     | <b>2e(4)</b>  |            | 1089671   |
| <b>f</b> Corrective distributions (see instructions) .....   | <b>2f</b>     |            |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....                    | <b>2g</b>     |            |           |
| <b>h</b> Interest expense .....  | <b>2h</b>     |            |           |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                                   | <b>2i(1)</b>  |            |           |
| <b>(2)</b> Contract administrator fees.....  | <b>2i(2)</b>  | 4095       |           |
| <b>(3)</b> Investment advisory and management fees .....   | <b>2i(3)</b>  |            |           |
| <b>(4)</b> Other .....   | <b>2i(4)</b>  |            |           |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....              | <b>2i(5)</b>  |            | 4095      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | <b>2j</b>     |            | 1093766   |
| <b>Net Income and Reconciliation</b>   |               |            |           |
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....                          | <b>2k</b>     |            | -2178341  |
| <b>l</b> Transfers of assets:  |               |            |           |
| <b>(1)</b> To this plan .....  | <b>2l(1)</b>  |            |           |
| <b>(2)</b> From this plan.....   | <b>2l(2)</b>  |            | 17700448  |

**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: SMITH & HOWARD

**(2)** EIN: 58-1250486

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|  |           | Yes | No | Amount  |
|--|-----------|-----|----|---------|
| <b>b</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.) | <b>4b</b> |     | X  |         |
| <b>c</b> 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.)   | <b>4c</b> |     | X  |         |
| <b>d</b> 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.)  | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <b>4f</b> |     | X  |         |
| <b>g</b> 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?   | <b>4g</b> |     | X  |         |
| <b>h</b> 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?   | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <b>4i</b> | X   |    |         |
| <b>j</b> 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.)   | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <b>4k</b> | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <b>4m</b> |     | X  |         |
| <b>n</b> 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.  | <b>4n</b> |     |    |         |

**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 0.

**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) |
|--|--------------|-------------|
| PRESS GANEY ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN & TRUST | 35-1646289   | 001         |
|  |              |             |
|  |              |             |
|  |              |             |

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 04/01/2022

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SYMPHONY PERFORMANCE HEALTH, INC. D/B/A SPH ANALYTICS</u> | <b>D</b> Employer Identification Number (EIN)<br><u>46-4593394</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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 |  |
|---|--|

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

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

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

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....   | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....  | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|  |            |  |
|--|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year.....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 \_\_\_\_\_

**SYMPHONY PERFORMANCE HEALTH, INC.  
RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
APRIL 1, 2022 and DECEMBER 31, 2021**

**with  
INDEPENDENT AUDITORS' REPORT**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and the Participants of  
SPH Analytics Retirement Plan

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

We have performed an audit of the financial statements of Symphony Performance Health, Inc. Retirement Plan d/b/a SPH Analytics Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of April 1, 2022 and December 31, 2021, and the related statement of changes in net assets available for benefits for the period from January 1, 2022 to April 1, 2022, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of April 1, 2022 and December 31, 2021, and for the period from January 1, 2022 to April 1, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit section:

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

## **Basis for Opinion**

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

## **Emphasis of Matter**

As further discussed in Note 1 to the financial statements, the Plan Sponsor merged the Plan into the Press Ganey Associates LLC 401(k) Plan and Trust effective April 1, 2022. Consequently, there are no remaining assets in the Plan as of April 1, 2022.

## **Responsibilities of Management**

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

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

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

## **Auditors' Responsibilities for the Audit**

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

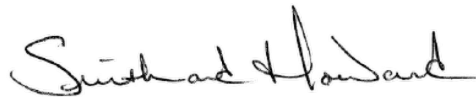
In performing an audit in accordance with GAAS, we:

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

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

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

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

A handwritten signature in black ink, appearing to read "Steven A. Howard". The signature is written in a cursive style with a large initial "S".

Atlanta, GA  
March 28, 2023

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

|                                    | <b>ASSETS</b>      |                      |
|------------------------------------|--------------------|----------------------|
|                                    | <u>2022</u>        | <u>2021</u>          |
| Cash - Non-Interest Bearing        | \$ -               | \$ 37,583            |
| Investments, at Fair Value         | -                  | 19,228,246           |
| Receivables:                       |                    |                      |
| Employer contributions             | -                  | 501,261              |
| Notes receivable from participants | <u>-</u>           | <u>193,193</u>       |
|                                    | <u>-</u>           | <u>694,454</u>       |
|                                    | <u>-</u>           | <u>19,960,283</u>    |
|                                    | <b>LIABILITIES</b> |                      |
| Excess Contributions Payable       | <u>-</u>           | <u>81,494</u>        |
| Net Assets Available for Benefits  | <u>\$ -</u>        | <u>\$ 19,878,789</u> |

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

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
PERIOD FROM JANUARY 1, 2022 TO APRIL 1, 2022**

|  |                       |
|--|-----------------------|
| Net Depreciation in Fair Value of Pooled Separate Accounts | \$ <u>(1,087,878)</u> |
| Interest Income on Notes Receivable from Participants      | <u>3,303</u>          |
| Deductions:  |                       |
| Benefits paid to participants                              | (1,089,671)           |
| Administrative and other expenses                          | <u>(4,095)</u>        |
|  | <u>(1,093,766)</u>    |
| Decrease in Net Assets Available for Benefits              | (2,178,341)           |
| Net Assets Available for Benefits at Beginning of Period   | <u>19,878,789</u>     |
| Transfer Out   | <u>(17,700,448)</u>   |
| Net Assets Available for Benefits at End of Period         | <u><u>\$ -</u></u>    |

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

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of Symphony Performance Health, Inc. Retirement Plan d/b/a SPH Analytics Retirement Plan (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 was a defined contribution plan established by Symphony Performance Health, Inc., (the “Company”) under an agreement effective January 1, 2000. The Plan covered all employees who met the eligibility service requirement and attained age twenty-one. Enrollment was allowed on the first day of the next quarter, coinciding with the date on which eligibility requirements were satisfied. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective April 1, 2022, the Plan Sponsor adopted an amendment to merge the Plan into the Press Ganey Associates LLC 401(k) Plan and Trust. Accordingly, all net assets available for benefits were properly transferred to the Press Ganey Associates LLC 401(k) Plan and Trust.

**Contributions**

Participants could have elected to make pretax contributions up to 85% of eligible compensation to the Plan. Each eligible participant was automatically enrolled in the Plan at 3%, unless otherwise directed by the Participant. Participants who attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants could also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant contributions were subject to certain limitations of the Internal Revenue Code (“IRC”).

The Company could have elected to make a discretionary matching contribution to the Plan to be remitted annually by the Company.

For the period from January 1, 2022 to April 1, 2022, there were no participant or employer matching contributions made to the Plan. The contributions for the period were deposited directly into the Press Ganey Associates LLC 401(k) Plan and Trust.

**Participant Accounts**

Each participant’s account was credited with the participant’s contributions and allocations of the Company’s matching contributions and Plan net earnings or losses. Allocations were based on participant contributions or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant’s vested account balance.

**Vesting**

Participants were immediately vested in their contribution, and earnings thereon. Vesting in the Company’s discretionary non-elective contribution was based on years of continuous service. A participant was 50% vested after one year of service, but less than two years, and 100% vested after two years of service.

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

**NOTE 1 – DESCRIPTION OF PLAN (Continued)**

**Notes Receivable from Participants**

Participants could have borrowed from their fund accounts a minimum of \$500 up to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable from participants were secured by the balance in the participant's account and bore interest at a rate commensurate with the local prevailing interest rates. No notes receivables were outstanding at April 1, 2022. Principal and interest payments occurred ratably through regular payroll deductions over a period not to exceed five years, unless the notes receivable from participants were used to purchase a primary residence in which case the notes receivable terms may not have exceeded the repayment period in effect for a commercial home loan.

**Payment of Benefits**

Upon retirement, permanent disability or death, the participant or designated beneficiary was eligible to receive all of the participant's shares of accumulated vested benefits of the Plan in a lump-sum distribution or installments over a period of time. Upon termination of employment or other reasons, the participant was entitled to receive a distribution of his or her account balance. In-service distributions were made to a participant who had not separated from service provided the participant had reached the age of 59 ½. Hardship withdrawals were permitted under the Plan.

**Forfeitures**

Forfeitures of non-vested accounts could be used to pay plan administrative expenses and/or reduce the future matching contributions of the Company.

**Administration**

The Plan Sponsor was Symphony Performance Health, Inc. d/b/a SPH Analytics. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") was the Plan's record-keeper.

**Administrative Expenses**

Substantially all administrative costs of the Plan were paid by the Company.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with GAAP required the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investment Valuation and Loss Recognition**

The investments of the Plan were reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the “exit price”).

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

**Notes Receivable from Participants**

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they were incurred. No allowance for credit losses was recorded as of April 1, 2022 and December 31, 2021. If a participant ceased to make loan repayments and the plan administrator deemed the participant loan to be in default, the participant loan balance was reduced, and a benefit payment was recorded.

**Risks and Uncertainties**

The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market, and credit risks. Market risks included global events which could have impacted the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of securities would occur and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

At December 31, 2021, two investments comprised approximately 30% of total investments held by the Plan.

**Payment of Benefits**

Benefit payments made to participants were recorded when paid.

**Subsequent Events**

Management has evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued.

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

**NOTE 3 – INVESTMENTS (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock has provided certification that the financial information included in the financial statements as of April 1, 2022 and December 31, 2021 and for the period from January 1, 2022 to April 1, 2022 provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements as of April 1, 2022 and December 31, 2021 and for the period from January 1, 2022 to April 1, 2022 is covered by such certification and has not been audited by independent auditors.

**NOTE 4 – FAIR VALUE MEASUREMENTS**

GAAP establishes 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 measurement) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

Basis of Fair Value Measurement

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**SYMPHONY PERFORMANCE HEALTH, INC. RETIREMENT PLAN  
D/B/A SPH ANALYTICS RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
APRIL 1, 2022 AND DECEMBER 31, 2021**

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2021.

*Pooled Separate Accounts*

Pooled separate accounts (“PSA”) were valued based on market prices of the underlying investments. PSAs were made up of a wide variety of underlying investments such as equities, preferred stock, bonds and mutual funds. The unit value of the PSA was calculated by dividing the total value of the assets of the PSA by the number of units in PSA. For PSAs that invested exclusively in mutual funds, the total value of the assets of the PSA was based on the price per share of the underlying mutual fund. The mutual fund calculated its price per share by dividing the mutual fund’s net assets by the mutual fund’s outstanding number of shares. There were no redemption restrictions on these investments.

Plan investment assets at fair value were classified as Level 2 as of December 31, 2021.

**NOTE 5 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**NOTE 6 – RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan allowed for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. These parties included investment advisors. Certain Plan investments were managed by John Hancock. John Hancock was the certifying entity as defined by the Plan and, therefore, these transactions qualified as party-in-interest. Notes receivable from participants were also defined by ERISA as party-in-interest transactions.

**NOTE 7 – INCOME TAX STATUS**

The Plan was based on the Prototype Non-Standardized Profit Sharing Plans of Retirement Plan Administrators LLC, which received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the Prototype Plan was designed in accordance with the provisions of the IRC. Accordingly, the trust’s net investment income was exempt from income taxes. The Plan had been amended since receiving the opinion letter. However, the plan administrator believed that the Plan was designed and was being operated in compliance with the applicable provisions of the IRC.

|   |   |   |
|---|---|---|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the Instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>   |   |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>04/01/2022</u> |   |
| A This return/report is for:   | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____<br>B This return/report is: <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).<br>C If the plan is a collectively-bargained plan, check here . . . . . <input type="checkbox"/><br>D Check box if filing under: <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)<br>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . <input type="checkbox"/> |

|   |   |  |     |  |  |  |  |   |  |  |  |
|---|---|--|-----|--|--|--|--|---|--|--|--|
| <b>Part II Basic Plan Information --- enter all requested information</b>   |   |  |     |  |  |  |  |   |  |  |  |
| <b>1a</b> Name of plan<br><b>Symphony Performance Health, Inc. d/b/a SPH Analytics Retirement Plan</b><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br><b>Symphony Performance Health, Inc. d/b/a SPH Analytics</b><br><br>11605 Haynes Bridge Road, Suite 400<br><br>US Alpharetta GA 30009 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/2000</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>46-4593394</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>(770) 978-3173</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>541910</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 001 | <b>1c</b> Effective date of plan<br>01/01/2000 |  | <b>2b</b> Employer Identification Number (EIN)<br>46-4593394 |  | <b>2c</b> Plan Sponsor's telephone number<br>(770) 978-3173 |  | <b>2d</b> Business code (see instructions)<br>541910 |  |
| <b>1b</b> Three-digit plan number (PN) ▶  | 001   |  |     |  |  |  |  |   |  |  |  |
| <b>1c</b> Effective date of plan<br>01/01/2000  |   |  |     |  |  |  |  |   |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br>46-4593394  |   |  |     |  |  |  |  |   |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br>(770) 978-3173   |   |  |     |  |  |  |  |   |  |  |  |
| <b>2d</b> Business code (see instructions)<br>541910  |   |  |     |  |  |  |  |   |  |  |  |

**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<br>HERE |                                    | 04/04/2023 | Pamela Holland-Riddle  |
|              | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |            |  |
|              | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |            |  |
|              | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |