

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NEUDESIC, LLC 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>42-1528382</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>949-754-4547</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541511</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2004</u>		2b Employer Identification Number (EIN) <u>42-1528382</u>		2c Plan Sponsor's telephone number <u>949-754-4547</u>		2d Business code (see instructions) <u>541511</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2004</u>											
2b Employer Identification Number (EIN) <u>42-1528382</u>											
2c Plan Sponsor's telephone number <u>949-754-4547</u>											
2d Business code (see instructions) <u>541511</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NEUDESIC, LLC</u> <u>200 SPECTRUM CENTER DRIVE</u> <u>SUITE 2000</u> <u>IRVINE, CA 92618</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/28/2023	JODI SCHLESSEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	668
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	391
a(2) Total number of active participants at the end of the plan year		6a(2)	519
b Retired or separated participants receiving benefits.....		6b	299
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	818
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	818
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	763
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3B 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NEUDESIC, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEUDESIC, LLC	D Employer Identification Number (EIN) 42-1528382

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

(a) Name of insurance carrier
JOHN HANCOCK USA

(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	116607	0		

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

(a) Total amount of commissions paid 99865	(b) Total amount of fees paid 47558
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
99865			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	28676		5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEUDESIC, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEUDESIC, LLC	D Employer Identification Number (EIN) 42-1528382	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JOHN HANCOCK USA
01-0233346
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	6590	Yes ☒ No ☐	Yes ☐ No ☐		Yes ☐ No ☒

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

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20-1741754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	RIA	5356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>NEUDESIC, LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEUDESIC, LLC</u>	D Employer Identification Number (EIN) <u>42-1528382</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2065</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2060</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2055</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2050</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2045</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2040</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2035</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		

a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK LIFEPATH INDEX 2030**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK LIFEPATH INDEX 2025**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK LIFEPATH INDEX RET**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2060 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2055 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2050 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2045 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2040 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2035 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH MULTI-INDEX 2030 PRESERV**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2025 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS CONSERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMG RIVER ROAD MID CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY CONTRAFUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTL EQUITY INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO SMALL CAP GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN SMID CAP FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SCIENCE & TECHNOLOGY FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE HEALTH SCI**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD GROWTH INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP GROWTH ETF**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP VALUE ETF**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP VALUE INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL WORLD GROWTH & INCOME**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FUNDAMENTAL INVESTORS**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEW PERSPECTIVE FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON WORLD**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WASHINGTON MUTUAL INVESTORS**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED HIGH YIELD BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VAL**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP STOCK FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEUDESIC, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEUDESIC, LLC	D Employer Identification Number (EIN) 42-1528382	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	323	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	258399	306184
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30921247	37924635
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8032	26660
(15) Other.....	1c(15)	660791	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	31848792 38257479
Liabilities			
g	Benefit claims payable	1g	566 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	566 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31848226 38257479

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	4193395
	(C) Others (including rollovers).....	2a(1)(C)	1778810
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5972205
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	14351
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14351
(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
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4287120
c Other income.....	2c		6902
d Total income. Add all income amounts in column (b) and enter total.....	2d		10280578
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3420486	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3420486
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		6887
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4437	
(3) Investment advisory and management fees.....	2i(3)	114884	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		119321
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3546694
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6733884
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		324631

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: MACIAS GINI & O'CONNELL LLP

(2) EIN: 68-0300457

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
IKAUN 401(K) PROFIT SHARING PLAN	84-3823246	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 _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan NEUESIC, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEUESIC, LLC	D Employer Identification Number (EIN) 42-1528382

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Financial Statements

And Supplementary Information

As of December 31, 2021 and 2020
and for the year ended December 31, 2021



Certified
Public
Accountants

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

As of December 31, 2021 and 2020

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1-4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-13
Supplementary Information	
Schedule I - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14



Independent Auditors' Report

To the Plan Administrator and Participants of
Neudesic, LLC 401(k) Profit Sharing Plan

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

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

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

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

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 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 on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter — 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4I - Schedule of Assets for the period ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Neudesic, LLC. 401(k) Profit Sharing Plan (the "Plan"). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Macias Gini & O'Connell LLP

Irvine, CA
October 11, 2022

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
Statement of Net Assets Available for Benefits
December 31,

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
INVESTMENTS		
Pooled separate accounts	\$ -	\$ 31,582,038
Mutual funds, at fair value	37,914,897	-
Common collective trust, at fair value	<u>9,738</u>	<u>-</u>
TOTAL INVESTMENTS	37,924,635	31,582,038
RECEIVABLES		
Corrective contribution	-	323
Notes receivable from participants	<u>306,184</u>	<u>258,399</u>
TOTAL RECEIVABLES	306,184	258,722
Noninterest-bearing cash	<u>26,660</u>	<u>8,032</u>
TOTAL ASSETS	<u>38,257,479</u>	<u>31,848,792</u>
<u>LIABILITIES</u>		
Corrective distribution payable	-	566
Excess contribution payable	-	-
Loan overpayment payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>566</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>38,257,479</u></u>	\$ <u><u>31,848,226</u></u>

See accompanying notes to financial statements.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

ADDITIONS

INVESTMENT INCOME

Net appreciation in fair value of investments	\$ <u>4,294,022</u>
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CONTRIBUTIONS

Participant	4,193,395
Employer	-
Rollovers	<u>1,778,810</u>

TOTAL CONTRIBUTIONS	<u>5,972,205</u>
---------------------	------------------

Interest on notes receivable from participants	<u>14,351</u>
--	---------------

TOTAL ADDITIONS	<u>10,280,578</u>
-----------------	-------------------

DEDUCTIONS

Benefits paid to participants	3,420,486
Transfer out to another plan	324,631
Deemed distributions	6,887
Administrative expenses	<u>119,321</u>

TOTAL DEDUCTIONS	<u>3,871,325</u>
------------------	------------------

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	6,409,253
---	-----------

NET ASSETS AVAILABLE FOR BENEFITS, January 1	<u>31,848,226</u>
--	-------------------

NET ASSETS AVAILABLE FOR BENEFITS, December 31	<u><u>\$ 38,257,479</u></u>
--	-----------------------------

See accompanying notes to financial statements.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - SUMMARY OF THE PLAN

Plan Description

The following description of the Neudesic 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was adopted on January 1, 2004 and restated on January 1, 2015, and qualifies as a defined contribution retirement plan for Neudesic, LLC’s (the “Company”) eligible employees. This Plan was established for the purpose of providing retirement benefits to eligible employees in accordance with the Plan. The Plan is intended to satisfy the provisions of Section 401(a) of the Internal Revenue Code (“IRC”) of 1986, as amended. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

During 2021, the Plan was amended and restated to include all required provisions to comply with the Internal Revenue Service Cycle 3 restatement requirements of the 2017 cumulative list (Notice 2017-37).

Plan Administration

The Plan is administrated by the Company. The Company had two asset custodians in 2021. On December 1, 2021, the custodian changed to John Hancock Enterprise (“New Custodian”) from John Hancock Signature (“Old Custodian”).

Participant Eligibility

Each of the Company’s employees is eligible to participate in the Plan if they have attained age 21 and have completed at least 1 hour of service during the first two months of employment or the completion of a year of service (completion of 1,000 hours of service), if earlier. Once the eligibility requirements have been met, employees will be enrolled into the Plan through Automatic Contribution Arrangement on the first day of each calendar month of the Plan year, coincident with or next following satisfaction of the eligibility requirements. Unless a deferral contribution election is made by the participant, the automatic deferral percentage is 3% of each participant’s Plan compensation. Participants are allowed to make an election not to defer under the Plan.

Investment Options

All accounts are invested in accordance with the terms of the Plan document and investment options elected by participants. Participants direct the investment of their contributions into various investments offered by the Plan.

Contributions

The Company’s eligible employees may contribute up to the 402(g) limit and/or the Actual Deferral Percentage (ADP) test limit for highly compensated employees. The 402(g) limit for 2021 was \$19,500. Participants may also rollover amounts representing distributions from other qualified plan. In addition, all eligible employees who have attained age 50 before the close of the Plan year shall be eligible to make catch-up contributions in accordance with, Code Section 414(v) which was limited to \$6,500 for the year ended December 31, 2021. The Company may make a non-elective discretionary matching contribution. For the year ended December 31, 2021, there were no employer non-elective discretionary matching contribution.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's allocation of (a) the participant's contribution and, (b) the employer's non-elective discretionary matching contribution, if any, and (c) Plan earnings.

Allocation of Investment Activity

The net increase or decrease in such values resulting from fund income and allocated expenses, if any, are apportioned to each participant's account in proportion to the value of the participant's account as compared to the investment fund as a whole.

Vesting

Participants are one hundred percent (100%) vested in their contributions plus actual earnings thereon. Participants become vested in their Company discretionary matching contributions and any earnings as follows:

<u>Years of Service</u>	<u>Vested Interest (%)</u>
Less than two years of service	0
After two but less than three years of service	20
After three but less than four years of service	40
After four but less than five years of service	60
After five but less than six years of service	80
After six years of service or more	100

Payment of Benefits

In the event of retirement, death, disability, or termination, a participant or beneficiary may elect to receive a lump-sum payment, make partial withdrawals, or rollover the balance in their account to an eligible retirement Plan, equal to the value of the participant's vested interest in his or her account. Distributions will be made as soon as administratively feasible following termination of employment. If upon termination, the participant has not elected to receive or rollover their balance and, if the vested account balance does not exceed \$5,000, the Asset Custodian will follow the Plan's provisions for mandatory distribution. If the participant's vested account balance exceeds \$5,000, he or she may receive a distribution of his or her vested account balance in any form permitted under the Plan.

Any withdrawals made upon terminating employment and prior to the participant attaining age 55 will be subject to the applicable federal and state taxes and/or penalties, unless it is a rollover into an eligible retirement plan or IRA. There is no penalty for withdrawals due to death or disability.

Hardship Distributions

A participant may elect a hardship distribution if it is deemed that the participant has an immediate and heavy financial need as described by the Plan. Any hardship withdrawals made prior to the participant attaining age 59½ will be subject to the applicable federal and states taxes and/or penalties.

During 2020, in-service withdrawals were expanded in connection with certain Plan amendments related to the CARES Act described below.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - SUMMARY OF THE PLAN (CONTINUED)

CARES Act Amendments

In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") became law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. During 2020, the Plan adopted the following provisions to the Plan for qualified individuals, those who themselves or whose spouse/dependent was diagnosed with COVID-19 or experienced adverse financial consequences due to COVID-19:

- In-service withdrawals of up to \$100,000 of vested balance available through December 31, 2020, after first taking all available loans from the Plan.
- A temporary additional loan and relaxation of current requirements for loans taken through September 22, 2020, based on the lesser of 50% of the vested account balance or \$50,000.
- A temporary allowance for employees to defer loan repayments through December 31, 2020 for one year.

Plan management intends to formally amend the Plan regarding the above provisions by the required deadline of December 31, 2025. If the Plan is not formally amended for the above provisions, it will not be in compliance with the IRC.

Forfeitures

Amounts forfeited from terminating participants' non-vested portion of the employer's non-elective discretionary matching contributions and earnings on the employer's contributions are used first to reduce administrative expenses, then to reduce discretionary matching contributions. At December 31, 2021 and 2020, there was \$26,660 and \$8,032, respectively, in the forfeited non-vested accounts. During the year ended December 31, 2021, \$4,437 were applied against administrative expenses and employer contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of one-half of the participant's vested account balance, \$50,000, or the limitations set by the Tax Reform Act of 1986 and Section 408(b) of ERISA. The notes receivables are secured by the balance in the participant's account and are to be repaid ratably through payroll deductions. Interest is to be commensurate with local prevailing rates as determined by the plan administrator. Notes receivable from plan participants are valued at their unpaid principal balance plus accrued interest, which approximates fair value.

Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. As of December 31, 2021 and 2020, interest rates on participant loans are ranging from 4.25% to 6.5%. There were \$6,887 deemed distributions for the year ended December 31, 2021.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Estimates

The preparation of financial statements in conformity with U.S. GAAP which require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Non-Discrimination for Employee Contributions

The Plan, as required by the IRC, performs annual tests between highly compensated participants versus non-highly compensated participants to ensure that highly compensated participants are not disproportionately favored under the Plan. If the Plan fails the tests, it must refund excess deferral contributions or make a Qualified Non-Elective Contribution (QNEC) for the non-highly compensated employees. Excess contributions refunded within two and a half months of the Plan year end are accrued as a liability on the statement of net assets available for benefits. For the year ended December 31, 2021, the Company made no QNEC.

Cash and Cash Equivalents

For the purposes of the Statements of Net Assets Available for Benefits, the Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Expenses

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance companies. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold during the year.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

This authoritative guidance further establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value.

This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of inputs used to measure fair value are as follows:

- Level 1: Quoted market prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2: Observable inputs other than quoted market price included in Level 1, such as quote prices of similar assets or liabilities in active markets; quote prices of identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant observable inputs.

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.

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

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

Common/collective trusts ("CCT"): Valued using the NAV per share practical expedient and are valued at the NAV of units held by the Plan at year-end. The NAV, as provided by the trustee of the common collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transaction (purchases and sales) may occur daily. The redemption frequency of each of these CCT is daily, and there are no redemption restrictions. There are no unfunded commitments related to the Plan's investment in CCTs.

Pooled separate accounts: At December 31, 2020, the Plan had investments in pooled separate accounts totaling \$31,582,038. Fair value for the Plan's pooled separate accounts investments is measured using net asset value per share ("NAV") as a practical expedient. NAV of these investments is based on the fair value of the fund's underlying net assets divided by the number of units outstanding. In accordance with Financial Accounting Standards Board Accounting Standards Codification 820-10, since the Plan's pooled separate accounts investments are measured at NAV as a practical expedient, the disclosure of the fair value hierarchy information of these investments is not applicable.

On December 1, 2021, the custodian changed to John Hancock Enterprise from John Hancock Signature resulting in the plan having the majority of investments in mutual funds.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Assets at Fair Value as of December 31, 2021	Level 1	Level 2 and 3	Total
Mutual Funds, at fair value	\$ 37,914,897	-	37,914,897
Investments measured at NAV (practical expedient method)			9,738

For the year ended December 31, 2021, the net appreciation in fair market value of investments was \$4,294,022.

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. All of information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the New and Old Custodian of the Plan.

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 percent vested in their employer contribution.

NOTE 6 - INCOME TAX STATUS

The Internal Revenue Service issued an opinion letter dated June 30, 2020. The Prototype Plan has not obtained a tax determination letter from the Internal Revenue Service; however, the Plan sponsor believes that the Plan qualifies as a tax-exempt entity. The custodian, Plan sponsor, and Plan administrator are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 - PARTY IN INTEREST TRANSACTIONS

All Plan investments were managed by the New and Old Custodian, and therefore, these transactions qualify as party-in-interest transactions for which there is a statutory exemption. For the year ended December 31, 2021, administrative fees of \$119,321 were incurred and paid by the Plan.

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - TRANSFER OUT TO ANOTHER PLAN

In 2021, two participants' funds were transferred from the Plan to Ikaun 401(k) Profit Sharing Plan ("Ikaun", Plan FEIN 84-3823246) which is in the same investment contract as the Plan with the Asset Custodian. The transfer out funds in the amount of \$324,631 was including in benefits paid to participants in the accompanying statement of changes in net assets available for benefits.

NOTE 10 - SUBSEQUENT EVENT

The plan has evaluated and determined that no events has occurred subsequent to the date of the statement of net assets available for benefits through October 11, 2022, the date which the financial statements were available to be issued, which require recording to disclosure in these financial statements.

SUPPLEMENTARY INFORMATION

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN

Schedule I

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

Plan FEIN#: 42-1528382; Plan #001

December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of Issuer	Description of Investment	Cost	Current Value	
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2040 Preserv	**	7,741,574
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2035 Preserv	**	5,915,909
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2030 Preserv	**	4,701,509
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2045 Preserv	**	4,340,755
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2025 Pres	**	2,822,118
*	John Hancock Life Insurance Company (U.S.A.)	500 Index Fund	**	2,520,437
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2050 Preserv	**	2,401,077
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2055 Preserv	**	1,483,087
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index Income Preserv	**	903,347
*	John Hancock Life Insurance Company (U.S.A.)	Multi-Index 2060 Preserv	**	658,294
*	John Hancock Life Insurance Company (U.S.A.)	Fidelity Adv Growth Opport Z	**	464,854
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Info Tech Idx Admiral	**	441,805
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock MC Gth Eqty Prt K	**	388,847
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Small Cap Value Index	**	380,232
*	John Hancock Life Insurance Company (U.S.A.)	Fidelity Ext Market Index Fd	**	373,075
*	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Health Science	**	340,602
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Intl Growth Fund Adm	**	279,640
*	John Hancock Life Insurance Company (U.S.A.)	TIAA-CREF Real Estate Sec Inst	**	252,490
*	John Hancock Life Insurance Company (U.S.A.)	TIAA-CREF Lrg Cap Grwth Idx I	**	231,335
*	John Hancock Life Insurance Company (U.S.A.)	Columbia Global Tech Gr Inst 3	**	214,048
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard International Value	**	139,943
*	John Hancock Life Insurance Company (U.S.A.)	Hartford Core Equity R6	**	130,619
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock 80/20 Target Alloc K	**	130,154
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Value Index Fd Adm	**	115,571
*	John Hancock Life Insurance Company (U.S.A.)	Virtus KAR SC Growth R6	**	103,368
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO L-T Real Return Fd Inst	**	84,500
*	John Hancock Life Insurance Company (U.S.A.)	American New World Fund R6	**	80,472
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard FTSE Social Index Adm	**	72,689
*	John Hancock Life Insurance Company (U.S.A.)	JP Morgan Equity Income R6	**	59,254
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Inter Term Bd Idx Adm	**	52,099
*	John Hancock Life Insurance Company (U.S.A.)	American New Perspective R6	**	27,422
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Inv Grade Credit Bnd I	**	24,301
*	John Hancock Life Insurance Company (U.S.A.)	PGIM High Yield R6	**	16,354
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock 60/40 Target Alloc K	**	15,524
*	John Hancock Life Insurance Company (U.S.A.)	John Hancock Stable Val Fd R6	**	9,738
*	John Hancock Life Insurance Company (U.S.A.)	JPMorgan Investor Growth R6	**	4,613
*	John Hancock Life Insurance Company (U.S.A.)	Allspring Spc Mid Cap Value R6	**	2,981
				\$ 37,924,635
Noninterest-bearing cash				\$ 26,660
Notes receivable from participants				\$ 306,184

Interest rates ranging from 4.25% to 6.50%

* Fund is managed by a party related to the trust company, a party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.



NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4j - REPORTABLE TRANSACTIONS
EIN#: 42-1528382; Plan #001

5% of Reportable Transactions Summary Report For Contract Number 116607

THE TRUSTEES OF NEUDESIC, LLC 401(K)
Audit Year Ending DECEMBER 2, 2021

Page 1

Purchases	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Guaranteed Funds					
Vanguard Small Cap Grow Index	0	\$0.00			\$0.00
Total	0	\$0.00			\$0.00
Investment Funds					
Fundamental Investors	35	\$38,593.56			\$38,593.56
New Perspective Fund	67	\$54,673.43			\$54,673.43
AMG River Road Mid Cap Value	59	\$21,239.19			\$21,239.19
Blue Chip Growth Fund	73	\$236,823.20			\$236,823.20
BlackRock LifePath Index Ret	19	\$2,737.02			\$2,737.02
BlackRock LifePath Index 2025	34	\$24,777.91			\$24,777.91
BlackRock LifePath Index 2030	27	\$188,426.92			\$188,426.92
BlackRock LifePath Index 2035	38	\$146,821.19			\$146,821.19
BlackRock LifePath Index 2040	32	\$33,734.75			\$33,734.75
BlackRock LifePath Index 2045	35	\$40,336.25			\$40,336.25
BlackRock LifePath Index 2050	35	\$32,494.44			\$32,494.44
BlackRock LifePath Index 2055	19	\$89,319.83			\$89,319.83
BlackRock LifePath Index 2060	35	\$44,910.74			\$44,910.74
BlackRock LifePath Index 2065	35	\$20,913.11			\$20,913.11
Capital World Growth & Income	41	\$82,373.16			\$82,373.16
Fidelity ContraFund	41	\$75,555.22			\$75,555.22
Core Bond Fund	43	\$125,074.33			\$125,074.33
JH Multi-Index Income Preserv	35	\$81,694.09			\$81,694.09
JH Multi-Index 2025 Preserv	37	\$82,743.64			\$82,743.64
JH Multi-Index 2030 Preserv	42	\$934,138.07			\$934,138.07
JH Multi-Index 2035 Preserv	62	\$233,265.97			\$233,265.97
JH Multi-Index 2040 Preserv	63	\$352,702.73			\$352,702.73
JH Multi-Index 2045 Preserv	65	\$582,419.43			\$582,419.43
JH Multi-Index 2050 Preserv	58	\$132,614.73			\$132,614.73
JH Multi-Index 2055 Preserv	51	\$677,146.65			\$677,146.65
JH Multi-Index 2060 Preserv	37	\$245,659.69			\$245,659.69
Templeton World	61	\$22,592.24			\$22,592.24
Federated High Yield Bond	35	\$18,079.37			\$18,079.37
T. Rowe Price Health Sci	70	\$173,582.99			\$173,582.99
High Yield Fund	64	\$193,081.36			\$193,081.36
Intl Equity Index Fund	39	\$57,364.91			\$57,364.91
500 Index Fund	103	\$750,947.54			\$750,947.54
John Hancock Mid Cap Growth	10	\$491,755.96			\$491,755.96
JPMorgan SMID Cap Fund	36	\$41,034.17			\$41,034.17
JH Multi-Index LS Aggressive	63	\$254,264.77			\$254,264.77
JH Multi-Index LS Balanced	61	\$135,911.32			\$135,911.32
JH Multi-Index LS Conserv	35	\$52,303.20			\$52,303.20
JH Multi-Index LS Growth	62	\$426,536.38			\$426,536.38
JH Multi-Index LS Moderate	58	\$8,776.44			\$8,776.44
Vanguard Growth Index Fund	67	\$670,555.96			\$670,555.96
JH Multi-Index 2065 Preserv	31	\$29,334.16			\$29,334.16



NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4j - REPORTABLE TRANSACTIONS
EIN#: 42-1528382; Plan #001

5% of Reportable Transactions Summary Report For Contract Number 116607

THE TRUSTEES OF NEUDESIC, LLC 401(K)

Audit Year Ending DECEMBER 2, 2021

Page 2

Purchases	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Net Gain/(loss)					
Investment Funds					
Mid Cap Index Fund	55	\$201,370.84			\$201,370.84
Mid Cap Stock Fund	54	\$96,741.23			\$96,741.23
John Hancock Stable Val	44	\$655,297.99			\$655,297.99
Small Cap Index Fund	41	\$82,200.39			\$82,200.39
Invesco Small Cap Growth	51	\$195,495.40			\$195,495.40
DFA U.S. Small Cap Fund	37	\$36,143.10			\$36,143.10
Science & Technology Fund	84	\$417,869.85			\$417,869.85
Vanguard Small Cap Value Index	66	\$172,763.50			\$172,763.50
Vanguard Mid-Cap Value ETF	50	\$146,499.38			\$146,499.38
Vanguard Mid-Cap Growth ETF	77	\$184,966.85			\$184,966.85
Vanguard Small Cap Grow Index	49	\$104,958.29			\$104,958.29
Washington Mutual Investors	36	\$27,446.08			\$27,446.08
Total	2,557	\$10,229,062.92			\$10,229,062.92

Sales	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Net Gain/(loss)					
Guaranteed Funds					
Vanguard Small Cap Grow Index			0	\$0.00	\$0.00
Total			0	\$0.00	\$0.00

Investment Funds					
Fundamental Investors			14	\$190,992.42-	\$145,337.00-
New Perspective Fund			15	\$234,808.28-	\$190,556.92-
AMG River Road Mid Cap Value			9	\$268,617.02-	\$202,306.16-
Blue Chip Growth Fund			26	\$1,603,449.63-	\$1,139,813.51-
BlackRock LifePath Index Ret			7	\$3,251.62-	\$3,213.64-
BlackRock LifePath Index 2025			5	\$564,055.33-	\$481,766.21-
BlackRock LifePath Index 2030			7	\$253,772.10-	\$237,878.61-
BlackRock LifePath Index 2035			7	\$351,189.20-	\$309,334.26-
BlackRock LifePath Index 2040			6	\$65,279.83-	\$58,143.81-
BlackRock LifePath Index 2045			10	\$101,039.53-	\$89,233.59-
BlackRock LifePath Index 2050			6	\$110,494.36-	\$91,750.86-
BlackRock LifePath Index 2055			6	\$125,005.78-	\$116,458.64-
BlackRock LifePath Index 2060			6	\$80,662.72-	\$72,790.59-
BlackRock LifePath Index 2065			7	\$111,550.57-	\$87,103.77-
Capital World Growth & Income			14	\$265,805.36-	\$238,247.06-
Fidelity ContraFund			19	\$576,628.50-	\$394,905.93-
Core Bond Fund			16	\$590,444.10-	\$572,976.25-
JH Multi-Index Income Preserv			13	\$176,888.59-	\$164,946.49-
JH Multi-Index 2025 Preserv			17	\$1,060,451.18-	\$925,817.04-
JH Multi-Index 2030 Preserv			25	\$2,154,292.16-	\$1,909,743.91-
JH Multi-Index 2035 Preserv			30	\$2,108,023.11-	\$1,701,313.33-



NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
 SCHEDULE H, LINE 4j - REPORTABLE TRANSACTIONS
 EIN#: 42-1528382; Plan #001

5% of Reportable Transactions Summary Report For Contract Number 116607

THE TRUSTEES OF NEUDESIC, LLC 401(K)

Audit Year Ending DECEMBER 2, 2021

Page 3

Sales	Purchases			Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
JH Multi-Index 2040 Preserv			47	\$2,388,383.39-	\$1,909,714.54-	\$478,668.85
JH Multi-Index 2045 Preserv			36	\$2,731,178.43-	\$2,207,380.46-	\$523,797.97
JH Multi-Index 2050 Preserv			31	\$1,074,998.67-	\$844,768.66-	\$230,230.01
JH Multi-Index 2055 Preserv			22	\$1,578,827.12-	\$1,347,730.29-	\$231,096.83
JH Multi-Index 2060 Preserv			22	\$914,416.76-	\$750,556.93-	\$163,859.83
Templeton World			7	\$201,654.23-	\$184,437.09-	\$17,217.14
Federated High Yield Bond			17	\$156,777.31-	\$144,908.95-	\$11,868.36
T. Rowe Price Health Sci			24	\$1,135,663.99-	\$828,163.50-	\$307,500.49
High Yield Fund			18	\$265,742.45-	\$255,561.54-	\$10,180.91
Intl Equity Index Fund			15	\$558,108.77-	\$475,874.63-	\$82,234.14
500 Index Fund			42	\$3,826,742.67-	\$2,811,669.06-	\$1,015,073.61
John Hancock Mid Cap Growth			2	\$465,788.83-	\$492,520.28-	\$26,731.45-
JPMorgan SMID Cap Fund			11	\$115,480.79-	\$91,052.08-	\$24,428.71
JH Multi-Index LS Aggressive			32	\$1,931,577.39-	\$1,483,769.07-	\$447,808.32
JH Multi-Index LS Balanced			30	\$1,582,890.30-	\$1,296,683.65-	\$286,206.65
JH Multi-Index LS Conserv			9	\$1,029,345.84-	\$923,837.08-	\$105,508.76
JH Multi-Index LS Growth			40	\$3,786,047.80-	\$2,978,525.30-	\$807,522.50
JH Multi-Index LS Moderate			18	\$71,044.05-	\$62,902.33-	\$8,141.72
Vanguard Growth Index Fund			37	\$1,587,466.57-	\$1,234,210.88-	\$353,255.69
JH Multi-Index 2065 Preserv			9	\$33,532.20-	\$33,181.34-	\$350.86
Mid Cap Index Fund			16	\$687,778.78-	\$551,662.47-	\$136,116.31
Mid Cap Stock Fund			16	\$637,937.90-	\$451,651.28-	\$186,286.62
John Hancock Stable Val			36	\$1,325,758.61-	\$1,308,918.01-	\$16,840.60
Small Cap Index Fund			14	\$206,419.79-	\$167,597.81-	\$38,821.98
Invesco Small Cap Growth			17	\$394,992.34-	\$335,777.51-	\$59,214.83
DFA U.S. Small Cap Fund			10	\$247,902.91-	\$172,268.27-	\$75,634.64
Science & Technology Fund			47	\$3,140,739.89-	\$2,015,978.58-	\$1,124,761.31
Vanguard Small Cap Value Index			18	\$447,121.89-	\$366,295.82-	\$80,826.07
Vanguard Mid-Cap Value ETF			13	\$379,962.93-	\$317,054.38-	\$62,908.55
Vanguard Mid-Cap Growth ETF			30	\$1,255,918.91-	\$864,274.24-	\$391,644.67
Vanguard Small Cap Grow Index			16	\$599,289.46-	\$450,064.25-	\$149,225.21
Washington Mutual Investors			14	\$378,718.95-	\$289,110.58-	\$89,608.37
Total			981	\$46,134,911.31-	\$36,781,738.44-	\$9,353,172.87

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2025 Pres R6		CUSIP: 47804M522	Ticker: JRESX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$2,913,476.64	219,223.224	\$2,913,476.64	\$0.00	
4 Series - Buy	\$3,181,781.48	241,396.222	\$3,181,619.55	(\$161.93)	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2030 Pres R6		CUSIP: 47804M472		Ticker: JRHSX	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$7,480,157.63	503,036.829	\$7,480,157.63	\$0.00	
5 Series - Sell	(\$2,788,210.35)	(189,321.595)	(\$2,814,927.42)	(\$26,717.07)	
3 Series - Buy	\$7,917,962.00	535,275.138	\$7,917,962.00	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2035 Pres R6		CUSIP: 47804M431	Ticker: JRYX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$6,345,476.47	395,603.271	\$6,345,476.47	\$0.00	
4 Series - Buy	\$6,729,220.69	421,515.179	\$6,715,426.83	(\$13,793.86)	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2040 Pres R6		CUSIP: 47804M381	Ticker: JRRSX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$9,569,212.72	577,153.963	\$9,569,212.72	\$0.00	
4 Series - Buy	\$9,926,112.60	600,358.459	\$9,904,565.13	(\$21,547.47)	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2045 Pres R6		CUSIP: 47804M340	Ticker: JRVSX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$5,156,945.33	302,460.136	\$5,156,945.33	\$0.00	
5 Series - Buy	\$5,580,926.51	328,927.548	\$5,580,926.51	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2050 Pres R6		CUSIP: 47804M290		Ticker: JRISX	
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Buy	\$2,746,668.67	179,873.522	\$2,746,668.67	\$0.00	
4 Series - Buy	\$2,812,639.71	184,445.799	\$2,801,447.22	(\$11,192.49)	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JHancock M Index 2055 Pres R6		CUSIP: 41015K318	Ticker: JRIWX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
4 Series - Buy	\$1,678,393.07	123,982.535	\$1,677,650.76	(\$742.31)	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: Fidelity 500 Index Fd		CUSIP: 315911750	Ticker: FXAIX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
9 Series - Buy	\$2,438,610.17	15,245.818	\$2,438,610.17	\$0.00	

5% Transactions

Activity for reporting period: 01/01/2021 to 12/31/2021

Asset Name: JPMorgan US Govt MMkt Cap Cl		CUSIP: 4812C0670	Ticker: OGVXX		
Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss	
Sell	(\$37,618,026.61)	(37,618,026.610)	(\$37,618,026.61)	\$0.00	
Buy	\$37,644,686.28	37,644,686.280	\$37,644,686.28	\$0.00	
2 Series - Buy	\$37,644,690.74	37,644,690.740	\$37,644,690.74	\$0.00	

NEUDESIC, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN#: 42-1528382; Plan #001
December 31, 2021

	Identity of Issuer	Description of Investment	Cost	Market Value
(a)	(b)	(c)	(d)	(e)
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2040 Pres R6	**	\$7,741,574.17
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2035 Pres R6	**	\$5,915,908.50
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2030 Pres R6	**	\$4,701,508.73
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2045 Pres R6	**	\$4,340,754.62
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2025 Pres R6	**	\$2,822,117.63
*	John Hancock Life Insurance Company (U.S.A.)	Fidelity 500 Index Fd	**	\$2,520,437.30
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2050 Pres R6	**	\$2,401,077.06
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2055 Pres R6	**	\$1,483,087.27
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index Inc Pres R6	**	\$903,346.90
*	John Hancock Life Insurance Company (U.S.A.)	JHancock M Index 2060 Pres R6	**	\$658,293.87
*	John Hancock Life Insurance Company (U.S.A.)	Fidelity Adv Growth Opport Z	**	\$464,853.83
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Info Tech Idx Admiral	**	\$441,804.72
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock MC Gth Eqty Prt K	**	\$388,846.91
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Sm Cap Val Ind (Adm)	**	\$380,231.94
*	John Hancock Life Insurance Company (U.S.A.)	Fidelity Ext Market Index Fd	**	\$373,075.32
*	John Hancock Life Insurance Company (U.S.A.)	T Rowe Price Health Sciences I	**	\$340,602.47
*	John Hancock Life Insurance Company (U.S.A.)	Loan Fund	**	\$306,184.12
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Intl Growth Fund Adm	**	\$279,640.17
*	John Hancock Life Insurance Company (U.S.A.)	TIAA-CREF Real Estate Sec Inst	**	\$252,490.26
*	John Hancock Life Insurance Company (U.S.A.)	TIAA-CREF Lrg Cap Grwth Idx I	**	\$231,334.52
*	John Hancock Life Insurance Company (U.S.A.)	Columbia Global Tech Gr Inst 3	**	\$214,048.28
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard International Value	**	\$139,943.02
*	John Hancock Life Insurance Company (U.S.A.)	Hartford Core Equity R6	**	\$130,618.74
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock 80/20 Target Alloc K	**	\$130,154.42
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Value Index Fd Adm	**	\$115,571.37
*	John Hancock Life Insurance Company (U.S.A.)	Virtus KAR SC Growth R6	**	\$103,368.13
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO L-T Real Return Fd Inst	**	\$84,499.59
*	John Hancock Life Insurance Company (U.S.A.)	American New World Fund R6	**	\$80,471.88
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard FTSE Social Index Adm	**	\$72,688.87
*	John Hancock Life Insurance Company (U.S.A.)	JP Morgan Equity Income R6	**	\$59,253.69
*	John Hancock Life Insurance Company (U.S.A.)	Vanguard Inter Term Bd Idx Adm	**	\$52,099.25
*	John Hancock Life Insurance Company (U.S.A.)	American New Perspective R6	**	\$27,421.59
*	John Hancock Life Insurance Company (U.S.A.)	JPMorgan US Govt MMkt Cap Cl	**	\$26,660.16
*	John Hancock Life Insurance Company (U.S.A.)	PIMCO Inv Grade Credit Bnd I	**	\$24,300.50
*	John Hancock Life Insurance Company (U.S.A.)	PGIM High Yield R6	**	\$16,353.57
*	John Hancock Life Insurance Company (U.S.A.)	BlackRock 60/40 Target Alloc K	**	\$15,523.98
*	John Hancock Life Insurance Company (U.S.A.)	John Hancock Stable Val Fd R6	**	\$9,737.73
*	John Hancock Life Insurance Company (U.S.A.)	JPMorgan Investor Growth R6	**	\$4,613.01
*	John Hancock Life Insurance Company (U.S.A.)	Allspring Spc Mid Cap Value R6		\$2,981.41
Total Plan Assets (Including Pending Items)				\$38,257,479.50

* Fund is managed by a party related to the trust company, a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed.