# 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

**2022**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**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
MICRO ANALOG INC. 401K PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2001

**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)
MICRO ANALOG INC.

1861 PUDDINGSTONE DR
LA VERNE, CA 91750

**2b** Employer Identification Number (EIN)
95-4481631

**2c** Plan Sponsor's telephone number
909-392-8277

**2d** Business code (see instructions)
334410

**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. | 09/14/2023 | JAMES TRAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/14/2023 | HUNG TA NGUYEN |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |
| **5** | Total number of participants at the beginning of the plan year | **5** | 118 |
| **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)** | 99 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 101 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 20 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 121 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 121 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 60 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| MICRO ANALOG INC. 401K PLAN | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| MICRO ANALOG INC. | 95-4481631 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

SFG RETIRE PLAN CONSULTING

46-4984194

| (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 27 28 50 51 | NONE | 13542 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

| (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 37 38 50 64 | NONE | 12387 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MATRIX TRUST COMPANY

75-3182674

| (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? |
|---|---|---|---|---|---|---|
| 19 21 25 62 | NONE | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 |
|---|---|---|
| MATRIX TRUST COMPANY | 19 21 25 62 | 0 |

| **(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. |
|---|---|
| ONEAMERICA RETIREMENT SERVICES, LLC<br><br>46-5378846 | ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY $750 ANNUAL TRUST AND CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY. |

| **(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

**2022**

**This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
MICRO ANALOG INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

**D** Employer Identification Number (EIN)
95-4481631

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT III F/ METLIFE

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

| **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) |
|---|---|---|
| 26-0142858-094 | C | 422795 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**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

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
MICRO ANALOG INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

**D** Employer Identification Number (EIN)
95-4481631

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 1042 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 934 | 968 |
| **(2)** Participant contributions | 1b(2) | 8753 | 7457 |
| **(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) | 0 | 48922 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 601008 | 422795 |
| **(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) | 4656293 | 3762172 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 5268030 | 4242314 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 5268030 | 4242314 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 23090 | |
| **(B)** Participants | 2a(1)(B) | 188630 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 211720 |
| **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) | 1233 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1233 |
| **(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) | 85668 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 85668 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 7644 |
| (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) | | -1296040 |
| c Other income | 2c | | 781 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | -988994 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 10793 | |
| (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) | | 10793 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 12387 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 13542 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 25929 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 36722 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1025716 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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)** [X] 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: SABOCOR & CO., LLP **(2)** EIN: 95-4588168

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 18044 |

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

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
MICRO ANALOG INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MICRO ANALOG INC.

**D** Employer Identification Number (EIN)
95-4481631

## 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): 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

| | | |
|---|---|---|
| **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_____

*Financial Statements*

# MICRO ANALOG, INC. 401(K) PLAN

Report of Independent Auditors

December 31, 2022 and 2021

**MICRO ANALOG, INC. 401(K) PLAN**
**December 31, 2022 and 2021**

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SABOCOR & CO., LLP
CERTIFIED PUBLIC ACCOUNTANTS

# REPORT OF INDEPENDENT AUDITORS

The Administrative Committee
Micro Analog, Inc. 401(k) Plan
La Verne, California

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

We have performed audits of the financial statements of Micro Analog, Inc. 401(k) 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 statement comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Micro Analog, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

***Opinion***

In our opinion, based on our audits 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 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 financial statements related to assets held by Matrix Trust Company and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audits 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 Micro Analog, Inc. 401(k) 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.



767 North Hill Street, Suite 205 • Los Angeles, CA 90012 • Phone (213) 229-0044 • Fax (213) 229-0040

***Responsibilities of Management for the 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 within one year after the financial statements are available to be issued.

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Micro Analog, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Micro Analog, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter - Supplemental Schedule Required by ERISA***

The accompanying supplemental schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and schedule H, line 4i - Schedule of Assets (Held at End of Year), as of and for the plan year ended December 31, 2022 are presented for purposes of additional analysis and are not required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Sabocon + Co., LLP

August 15, 2023
Los Angeles, California

**MICRO ANALOG, INC. 401(K) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2022 and 2021**

| | 2022 | 2021 |
|---|---|---|
| **ASSETS** | | |
| **Non-interest bearing cash** | **$ -** | $ 1,042 |
| **Investments, at fair value (Note 3)** | **3,762,172** | 4,656,293 |
| **Investments in stable value common collective trusts, at contract value (Note 4)** | **422,795** | 601,008 |
| | **4,184,967** | 5,258,343 |
| **Receivables (Note 5)** | | |
| Employer contribution | **968** | 934 |
| Participant contributions | **7,457** | 8,753 |
| Participant loan | **48,922** | - |
| | **57,347** | 9,687 |
| **Net assets available for benefits** | **$ 4,242,314** | $ 5,268,030 |

*See accompanying notes to financial statements.*

**MICRO ANALOG, INC. 401(K) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**For the Year Ended December 31, 2022**

| | | | |
|---|---|---|---|
| **Additions:** | | | |
| Additions to net assets attributable to: | | | |
| Investment income (Note 3): | | | |
| Net appreciation in fair value of investments | $ (1,288,396) | | |
| Dividends | 85,668 | | |
| Interest on investments | | $ | (1,202,728) |
| Interest on notes receivable from participants (Note 5) | | | 1,233 |
| Contributions: | | | |
| Employer | 23,090 | | |
| Participants | 188,630 | | 211,720 |
| Other income | | | 781 |
| **Total additions** | | | (988,994) |
| **Deductions:** | | | |
| Deductions to net assets attributable to: | | | |
| Benefits paid to participants | | | 10,793 |
| Administrative expenses (Note 2) | | | 25,929 |
| **Total deductions** | | | 36,722 |
| **Net increase in net assets available for benefits** | | | (1,025,716) |
| **Net assets available for benefits, beginning of year** | | | 5,268,030 |
| **Net assets available for benefits, end of year** | | **$** | **4,242,314** |

*See accompanying notes to financial statements.*

## Note 1. Description of Plan

The following description of the Micro Analog, Inc.'s (the "Company") 401(K) Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General*. The Plan was established on January 1, 2001, and is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). The plan was adopted under the provisions of Internal Revenue Code (IRC) Section 401(a), with a deferred arrangement qualified under IRC Section 401(k). Pursuant to the requirements of IRC Section 401(a)(27), the plan is also a profit-sharing plan. The plan is a defined contribution plan that covers all active employees of Micro Analog, Inc. Participation in the plan is entirely voluntary.

   An eligible employee is any person employed by the Company who has had a one year of service and have worked at least 1,000 hours during the 12-month period and are twenty-one years of age or older. The plan is administered by Micro Analog, Inc. and advised by a committee whose members are appointed by the board of directors of the Company (administrative committee). The Plan engaged American United Life Insurance Company® (AUL), a OneAmerica® company, as its plan record keeper. The assets of the plan are held and invested by Matrix Trust Company in 2022.

2. *Amendment and Termination of the Plan Agreement.* The plan agreement may be amended or terminated by the Company at any time. No such termination is contemplated, but if it should occur, the assets of the plan should be used to pay or provide for the payment of any and all obligations hereunder, in accordance with the provisions of the Plan instrument and the directions of the administrative committee. No portion of assets of the plan, directly or indirectly, should revert to or accrue to the benefit of the Company. In addition, in the event of termination or partial termination of the plan, all affected participants should have a fully vested interest in all accrued benefits. During the year 2022, those were in amendments to the Plan instrument.

3. *Contributions*. Participants may contribute 1% to 100% of their pre-tax annual salary, as defined in the Plan instrument, subject to the maximum amount permitted by law. At the discretion of the Plan Administrator, participants may also be permitted to deposit into the Plan distributions that they have received from other retirement plans and certain IRA's. Such a deposit is called "rollover" contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may make a discretionary matching contribution equal to a uniform percentage of participant's salary deferrals which is determined each year. The Company may make a matching contribution of up to 25% of the participant's elective deferral and is limited to 6% of participant's compensation. Matching Company contribution is invested directly into the Plan. Additional amounts may be contributed at the option of the Company's board of directors and invested in portfolio investments as directed by the participants. Contributions are subject to certain IRS limitations.

4. *Investment Elections.* The participant contribution and the Company matching contributions are allocated to the various investment options offered by the plan as directed by participant. At December 31, 2022 and 2021, the Plan offered 33 and 32, respectively, of mutual funds and stable value common collective funds, as investment options for participants.

**Note 1. Description of Plan - Continued**

5. *Participant Accounts*. Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) plan earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the Plan. The participant's vested account provides the amount of benefits to which a participant is entitled.

6. *Vesting*. Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion to their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after 6 years of credited services.

| Vesting Schedule Matching Contribution | |
|---|---|
| Years of Service | Vested Percentage |
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

7. *Notes Receivable from Participants*. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000, reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which such loan will be made, over the outstanding balance of loans from the Plan on the date such loan will be made; or (b) 50% of the present value of the participant's vested benefit under the Plan while employed with the Company (determined without regard to any deductible participant contributions) . The loans are secured by the balance in the participant's account and bear a reasonable rate of interest, which will provide the Plan with a return comparable to the rates being charged by lending institutions in the same geographic locale as the Company (at 6.50% on December 31, 2022). A loan will carry the same rate of interest throughout its term except as permitted under applicable law, and interest paid on the loan is credited to the borrower's account. Participant loan interest is not included or applied to the outstanding principal loan balance. Principal and interest are paid ratably through bi-weekly payroll deductions.

8. *Payment of Benefits*. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or any of the payment options as defined in the Plan instrument. The distribution will be made, at the option of the participant, as soon as administratively feasible. For termination of service for other reasons, the participant may receive the value of the vested interest in the Plan as a lump sum distribution. Participants may also be entitled to receive an in-service distribution. However, this distribution is made at the participant's election and will be made in accordance with the forms of distributions available under the Plan instrument.

*9.* *Forfeited Accounts*. Forfeitures of non-vested Company contributions are used to reduce future employer contributions. During the years 2022 and 2021, $3,172 and $4,031, respectively, of forfeited non-vested accounts were used to reduce the Company's contributions. As of December 31, 2022 and 2021, the forfeited non-vested account balance was zero.

## Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contract, which are reported at contract 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 Company's Board of Directors determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

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

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Services are recorded as liability with a corresponding reduction to contributions. There were no excess contribution outstanding as of December 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Plan expenses paid by the Company that are excluded from those financial statements amounted to $9,584 and $9,360 for the years ended December 31, 2022 and 2021, respectively. For the years ended December 31, 2022 and 2021, administrative expenses covering investment advisory service and recording keeping fees paid by the Plan amounted to $25,929 and 22,076, respectively.

## Note 2. Summary of Significant Accounting Policies - Continued

Form 5500

The Department of Labor (DOL), IRS, and the Pension Guaranty Corporation jointly developed the Form 5500 series so EBPs could use the Form 5500 series forms to satisfy annual reporting requirements under Title I and Title IV of ERISA and the IRC. The Form 5500 series is part of ERISA's overall reporting and disclosure framework, which is intended to assure that EBPs are operated and managed in accordance with certain prescribed standards and that participants and beneficiaries, as well as regulators, are provided or have access to sufficient information to protect the rights and benefits of participants and beneficiaries under EBPs.

Subsequent Events

For the year ended December 31, 2022, the Plan has evaluated subsequent events for potential recognition and disclosure through August 15, 2023, the date the financial statements were available to be issued.

## Note 3. Investments, At Fair Value

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

The three levels of the fair value hierarchy under ASC 820 are described as follows:

*Level 1 Inputs* are quoted prices (unadjusted) in active markets for identical assets or liabilities that the plan can access at the measurement date.

*Level 2 Inputs* are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:

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

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

*Level 3 Inputs* are unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs, there is no market data or correlations with the market assumptions.

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.

## Note 3. Investments, At Fair Value - Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

*Registered investment companies (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 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.

The preceding methods described may produce fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The assets of the plan are held and invested by Matrix Trust Company (trustee and custodian) in 2022.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

| | ***Assets at Fair Value as of December 31, 2022*** | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| **Registered investment companies (Mutual Funds)** | **$ 3,762,172** | **$ -** | **$ -** | **$ 3,762,172** |
| **Total assets at fair value** | **$ 3,762,172** | **$ -** | **$ -** | **$ 3,762,172** |

| | *Assets at Fair Value as of December 31, 2021* | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies (Mutual Funds) | $ 4,656,293 | $ - | $ - | $ 4,656,293 |
| Total assets at fair value | $ 4,656,293 | $ - | $ - | $ 4,656,293 |

## Note 4. Stable Value Common Collective Trusts , at Contract Value

The Plan's investments in stable value common collective trust as of December 31, 2022 and 2021 amounted to $422,795 and $601,008, respectively.

A Joinder Agreement (this "Joinder Agreement") is entered into by and between the Plan Fiduciary (the "Micro Analog, Inc") on behalf of the qualified retirement plan, Micro Analog, Inc 401(k) Plan (the "Participating Plan") and Wilmington Trust, N.A. ("Trustee"), as trustee under the Wilmington Trust Collective Investment Trust III for MetLife Group Annuity Contract No.25554 (the "Trust"), which is issued by Metropolitan Life Insurance Company ("MetLife").

**Note 4. Stable Value Common Collective Trusts, at Contract Value - Continued**

The purpose of the Trust is to establish a stable value fund, which will be invested in one or more guaranteed separate account group annuity contracts ("Contract" or "Contracts") issued by ("MetLife") to the Trustee (in such capacity, the "Contractholder"). Participating plan sponsors ("Participating Plan Sponsors") may invest defined contribution retirement plan assets in the Trust. Each plan sponsor may cause its respective plan to join and adopt the Trust and become a Participating Plan by executing a Joinder Agreement ("Joinder Agreement"), which is incorporated into and becomes a part of this Trust by reference.

The Trustee may at any time, in its sole discretion, withhold payment on any distribution or withdrawal to be made from the Trust Fund for up to twelve (12) months to meet liquidity demands on the Trust Fund, or to otherwise reduce or eliminate the potential for an unfair result or adverse impact on the Trust Fund and its Participating Plans where the Trustee has determined, in its sole discretion, that such action is in the best interest of the Trust and the Participating Plans as a whole. Notwithstanding the preceding sentence, the Trustee will honor requests for participant-directed distributions or withdrawals to the extent that, in the case of withdrawals. (i) the proceeds of the withdrawals are not being reinvested in a competing investment option, and (ii) the withdrawal request does not result from a communication from the employer, sponsor or fiduciary of the Participant Plan that influenced, induced or encouraged a participant to withdraw his or her funds from, and/or not to transfer additional funds to, the Trust. The Trustee also may limit or delay any withdrawal if in its sole discretion it determines that conditions exist which adversely affect the liquidity or operations of the securities markets, such as natural disasters, political unrest, civil disorder, industrial, juridical, governmental, civil or military action, acts of terrorism, insurrection, or revolution, nuclear fusion, fission or radiation, failure or fluctuation in electrical power, heat, light, air conditioning, or telecommunications equipment, mechanical or other trading system's failure, other highly unusual market volatility, or acts of God. The Trustee shall treat all withdrawal requests in a uniform manner when imposing a waiting period pursuant to this Section.

The ownership of all of the assets comprising the Trust shall be solely in the Trustee. No Participating Plan shall be deemed to have individual ownership of any asset in the Trust, but shall be deemed to have a proportionate undivided beneficial interest in the Trust and shall share ratably in the income, profit and losses thereof. No certificate or documentation evidencing ownership in the Trust shall be issued.

The value of the Trust Fund shall be determined each day on which the New York Stock Exchange is open for trading or such other time period as the Trustee may establish. Each day on which the Trust Fund is valued shall be referred to as a "Valuation Date". The Trustee will value the Trust Fund in accordance with the valuation procedures the Trustee may establish from time to time. Subject to the foregoing, the Trustee may utilize any prudent method in the valuation of assets comprising the Trust Fund and any such method of valuation shall be conclusively presumed to constitute a correct method of establishing value and shall not be subject to challenge unless the Trustee failed to act prudently in establishing such valuation method. The fair market value and guaranteed value under a MetLife Contract and the separate accounts thereunder shall be determined solely in accordance with the terms of such Contract.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## Note 5. Receivables

Employer Contribution

Employer contributions receivable represent contributions made and remitted by the plan sponsor to the plan during the period of 2022 and 2021. This contribution was fully received by the Plan in subsequent month.

At December 31, 2022 and 2021, employer contributions receivable amounted to $968 and $934, respectively – see Note 13.

Participant Contribution

As of December 31, 2022 and 2021, participant deferral contributions amounted to $7,457 and $8,753, respectively. These participant contribution receivables were remitted to the Plan in the following month – see Note 13.

Notes Receivable from Participants

The following sets forth a summary of changes in the value of the notes receivable from participants as of December 31, 2022 and 2021:

| | *Assets at Fair Value (Level 3)* | |
|---|---|---|
| | **2022** | 2021 |
| Notes receivable from participants, beginning | **$ -** | $ 1,860 |
| Net increase (decrease) in participant loans | **48,922** | (1,860) |
| Notes receivable from participants, end | **$ 48,922** | $ - |

For the years ended December 31, 2022 and 2021, interests on notes receivable from participants earned by the Plan amounted to $1,233 and $14, respectively.

## Note 6. Plan Termination

Although it has not expressed any intention 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 will become fully vested in their accounts.

## Note 7. Tax Status

The Company adopted a prototype plan and trust sponsored by AUL, on April 2, 2001 effective for the plan year starting January 1, 2001. The Internal Revenue Services (IRS) has ruled that the prototype plan that the Company adopted, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is not subject to tax under present income tax laws. Employee contributions qualify as "cash or deferred" contributions under Section 401(k) of the IRC. Once qualified, the Company who adopted the prototype plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan is required to operate in accordance with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). Plan management believes the Plan is currently designed and

## Note 7. Tax Status - Continued

operating in accordance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS or California Franchise Tax Board. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 8. Risks and Uncertainties

The plan's investment, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Additionally, the value, liquidity, and related income of the investment securities are sensitive to changes in economic conditions and may be affected by shifts in the market's perception of issuers and changes in interest rates. Forced liquidation, although not expected at this time, may affect the estimated value of such investments. Due to level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participant' account balance and the amounts reported in the statement of net assets available for benefits.

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 ("COVID-19") as a global pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, and a substantial decline in the value of the investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

## Note 9. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Matrix Trust Company (the trustee of the Plan.)

## Note 10. Related-Party and Party-In-Interest Transactions

The Plan Sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. These transactions are exempt party in interest transactions. Plan investments are held and managed by Matrix Trust Company in 2022. Matrix Trust Company is the trustee and custodian, as defined by the plan, and qualifies as a party in interest. Notes receivable from participants and the related interest income are also considered party-in-interest transactions. The records of the Plan indicate no party-in-interest transactions that are prohibited by ERISA and for which no statutory or administrative exemption exists.

## Note 11. Reconciliation of Financial Statements to Form 5500

As of December 31, 2022 and 2021, and for the year ended December 31, 2022, there were no differences between the financial statements and Form 5500.

## Note 12. Delinquent Participant Contributions

As reported on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ending December 31, 2021, certain participant contributions and loan repayments were not remitted to the trust within the period specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company. The Company transmitted the related $12 in lost earnings to the Plan in June 2022.

## Note 13. Subsequent Events

On January 04, 2023, the Company remitted the participant and employer contribution receivables to the Plan amounting to $7,457 and $968, respectively.

# SUPPLEMENTAL SCHEDULES

**MICRO ANALOG, INC. 401 (K) PLAN**

**EIN No.: 95-4481631, Plan No. 001**
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**
**Plan Year Ending: December 31, 2022**

**Total that Constitute Nonexempt Prohibited Transactions**

| Participant Contributions Transferred Late to Plan | Are participant loan repayments included | Contributions not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| 2021 Plan year (1) | No | $ - | $ - | $ - | $ 18,044 |

(1) Cause for the breach in 2021 was attributable to One America's internal contribution processing team implementing changes to the intake process of the plan sponsor's payroll contribution data file, which contains information on a per-participant basis of contributions, loan repayments, and various other data allowing for the allocation of an employer's remittance of that payroll date contribution. This involved implementing an automated process to "pull" contribution data files from the secure location where clients uploaded them and loading them into appropriate systems ready necessary to allocate contribution funds when received.

Represents delinquent participant contributions on December 17, 2021 and December 31, 2021 payroll periods. The Company transmitted the delinquent participant contributions on December 22, 2021 and January 5, 2022, respectively. On June 6, 2022, to compensate the participants for lost earnings on the late remittance, the Company remitted $9.77 to the Plan's trust account. In addition, on June 6, 2022, the Company paid $1.51 to the Plan in lieu of paying the excise tax imposed under Section 4975 of the Code. On June 6, 2022, the Company remitted an additional $1.03 in lost earnings for late employer contributions.

On or about June 30, 2022, the Company filed with the U.S. Department of Labor (DOL), Employee Benefits Security Administration (EBSA) Voluntary Fiduciary Compliance Program (VFCP) Model Application Form to correct the potential prohibited transaction. On October 28, 2022, the DOL, EBSA, Los Angeles Regional Office, responded to the VFCP application under Case No.: 72-038119(15). Because the Company has identified the potential breaches and taken the corrective actions required under the VFC program, which is consistent with the requirements of the VFC program, EBSA will not take any civil enforcement action against the Company with respect to the breaches. Specifically, EBSA will not recommend that the Solicitor of Labor initiate legal action against the Company and EBSA will not impose the penalty in section 502(I) of ERISA on the amount the Company has repaid to the Plan. EBSA's decision to take no further action is conditioned on the completeness and accuracy of the representations made in the application. However, delinquent employer contributions are not eligible transactions under the VFC Program, and, therefore, any relief from civil enforcement under the VFC program does not apply to delinquent employer contributions.

**MICRO ANALOG, INC. 401 (K) PLAN**

**EIN No.: 95-4481631, Plan No. 001**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**Plan Year Ending: December 31, 2022**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | BlackRock Mid-Cap Growth Equity Instl | BlackRock Mid-Cap Growth Equity InstI | ** | $ 274,719 |
| | Brandywine GLOBAL - Corporate Credit IS | Brandywine GLOBAL - Corporate Credit | ** | 197,090 |
| | Buffalo Small Cap Fund-Inst | Buffalo Small Cap Fund-Inst | ** | 156,451 |
| | DFA Inflation-Protected Securities I | DFA Inflation-Protected Securities I | ** | 23,762 |
| | DFA Real Estate Securities I | DFA Real Estate Securities I | ** | 0 |
| | Fidelity Adv Intl RI Est-Z | Fidelity Adv Intl RI Est-Z | ** | 11 |
| | Fidelity® 500 Index Institutional Prem | Fidelity® 500 Index Institutional Pre | ** | 994,985 |
| | Fidelity® Mid Cap Index Inst! Prem | Fidelity® Mid Cap Index Instl Prem | ** | 13,959 |
| | Fidelity ® Total Market Index Inst! Prem | Fidelity® Total Market Index Instl Pr | ** | 1,322 |
| | GMO Quality R6 | GMO Quality R6 | ** | 18,246 |
| | Janus Henderson Funds Gbl Eqty Inm N | Janus Henderson Funds Gbl Eqty Inm N | ** | 4,978 |
| | Morgan Stanley Inst Global Opp IS | Morgan Stanley Inst Global Opp IS | ** | 82,696 |
| | Morgan Stanley Inst International Opp IS | Morgan Stanley lost lnternational Opp | ** | 14,633 |
| | T. Rowe Price Blue Chip Growth I | T. Rowe Price Blue Chip Growth I | ** | 0 |
| | Tiaa-Cref Real Est Sec-Inst | Tiaa-CrefReal Est Sec-Inst | ** | 52,435 |
| | Vanguard Energy Index Admiral | Vanguard Energy Index Admiral | ** | 1 |
| | Vanguard Equity-Income Adm | Vanguard Equity-Income Adm | ** | 8,110 |
| | Vanguard Growth Index Admiral | Vanguard Growth Index Admiral | ** | 493,556 |
| | Vanguard Information Technology Idx Adm | Vanguard Information Technology Idx A | ** | 770,850 |
| | Vanguard International Growth Adm | Vanguard International Growth Adm | ** | 0 |
| | Vanguard Small Cap Index Adm | Vanguard Small Cap Index Adm | ** | 41,727 |
| | Vanguard Target Retirement 2020 Inv | Vanguard Target Retirement 2020 Inv | ** | 14,798 |
| | Vanguard Target Retirement 2030 Inv | Vanguard Target Retirement 2030 Inv | ** | 182,295 |
| | Vanguard Target Retirement 2035 Inv | Vanguard Target Retirement 2035 Inv | ** | 39,032 |
| | Vanguard Target Retirement 2040 Inv | Vanguard Target Retirement 2040 Inv | ** | 47,442 |
| | Vanguard Target Retirement 2045 Inv | Vanguard Target Retirement 2045 Inv | ** | 33,267 |
| | Vanguard Target Retirement 2050 Inv | Vanguard Target Retirement 2050 Inv | ** | 38,333 |
| | Vanguard Target Retirement 2055 Inv | Vanguard Target Retirement 2055 Inv | ** | 13,384 |
| | Vanguard Target Retirement 2060 Inv | Vanguard Target Retirement 2060 Inv | ** | 15,345 |
| | Victory Sycamore Established Value R6 | Victory Sycamore Established Value R6 | ** | 113,102 |
| | WCM Focused Emerging Markets lnstl | WCM Focused Emerging Markets Instl | ** | 4,761 |
| | Western Asset Core Plus Bond IS | Western Asset Core Plus Bond IS | ** | 110,880 |
| | **Total Mutual Funds** | | | 3,762,172 |
| | **Stable value collective trust** | WTRISC CIT III for MetLife Group Annuity Contract No. 25554 C1 | ** | 422,795 |
| * | **Participants loan** | Interest rate 4.25% - 6.50% | ** | 48,922 |
| * | **Employer contribution receivable** | | | 968 |
| * | **Participant contributions receivable** | | | 7,457 |
| * | **Non-interest bearing cash** | | | - |
| | **Total assets held at the end of the year** | | | **$ 4,242,314** |

* *Indicates Party-In-Interest to the Plan*
** *Cost omitted for participant directed accounts*

**Attachment to 2022 Form 5500**
**Schedule H, line 4a – Schedule of Delinquent Participant Contributions**

**Plan Name** MICRO ANALOG INC. 401K PLAN **EIN**: 95-4481631
**Plan Sponsor's Name** MICRO ANALOG INC **PN**: 001

| | | |
|---|---|---|
| | Total that Constitute Nonexempt Prohibited Transactions | |

| Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Totally Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are Included: ☐ | 0 | 0 | 0 | 18,044 |

**SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2022**

**SPONSOR: Micro Analog Inc.**
**EIN: 95-4481631**
**PLAN NUMBER: 001**
**NAME: Micro Analog Inc. 401k Plan**

| (a) | (b) | | (c) | (d) | (e) |
|---|---|---|---|---|---|
| | IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | QUANTITY | DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value | COST | CURRENT VALUE |
| | **Insurance Company General Account** | | | | |
| | **Participant Loans** | | | | |
| | Master Participant Loan | 48,921.75 | Master Participant Loan<br>Interest rate range: 4.25% - 6.50% | 48,921.75 | 48,921.75 |
| | **Value of Interest in Common / Collective Trusts** | | | | |
| | WTRISC CIT III for Metlife Group Annuity Contract No. 25554 Cl J | 20,700.908 | WTRISC CIT III for Metlife Group Annu | 415,518.71 | 422,795.34 |
| | **Value of Interest in Registered Investment Companies** | | | | |
| | BlackRock Mid-Cap Growth Equity Instl | 9,148.159 | BlackRock Mid-Cap Growth Equity Instl | 430,531.77 | 274,719.21 |
| | BrandywineGLOBAL – Corporate Credit IS | 20,070.245 | BrandywineGLOBAL – Corporate Credit I | 225,925.87 | 197,089.81 |
| | Buffalo Small Cap Fund-Inst | 11,614.803 | Buffalo Small Cap Fund-Inst | 220,499.81 | 156,451.40 |
| | DFA Inflation-Protected Securities I | 2,196.105 | DFA Inflation-Protected Securities I | 28,906.91 | 23,761.86 |
| | DFA Real Estate Securities I | 0.010 | DFA Real Estate Securities I | 0.52 | 0.37 |
| | Fidelity Adv Intl Rl Est-Z | 1.088 | Fidelity Adv Intl Rl Est-Z | 13.75 | 10.87 |
| | Fidelity® 500 Index Institutional Prem | 7,474.348 | Fidelity® 500 Index Institutional Pre | 1,224,622.60 | 994,985.21 |
| | Fidelity® Mid Cap Index Instl Prem | 538.556 | Fidelity® Mid Cap Index Instl Prem | 16,984.75 | 13,959.37 |
| | Fidelity® Total Market Index Instl Prem | 12.470 | Fidelity® Total Market Index Instl Pr | 1,543.69 | 1,321.57 |
| | GMO Quality R6 | 792.257 | GMO Quality R6 | 23,432.17 | 18,245.68 |
| | Janus Henderson Funds Gbl Eqty Inm N | 828.327 | Janus Henderson Funds Gbl Eqty Inm N | 5,690.48 | 4,978.25 |
| | MSIF Global Opportunity Portfolio R6 | 4,039.843 | MSIF Global Opportunity Portfolio R6 | 153,086.48 | 82,695.59 |
| | MSIF International Opportunity Portfolio R6 | 735.350 | MSIF International Opportunity Portfo | 26,930.03 | 14,633.47 |
| | T. Rowe Price Blue Chip Growth I | 0.002 | T. Rowe Price Blue Chip Growth I | 0.36 | 0.21 |
| | Tiaa-Cref Real Est Sec-Inst | 3,240.728 | Tiaa-Cref Real Est Sec-Inst | 74,472.94 | 52,434.98 |
| | Vanguard Energy Index Admiral | 0.013 | Vanguard Energy Index Admiral | 0.50 | 0.79 |
| | Vanguard Equity-Income Adm | 95.829 | Vanguard Equity-Income Adm | 8,775.31 | 8,110.01 |
| | Vanguard Growth Index Admiral | 4,498.319 | Vanguard Growth Index Admiral | 733,926.24 | 493,555.56 |
| | Vanguard Information Technology Idx Adm | 4,713.812 | Vanguard Information Technology Idx Al | 1,076,347.39 | 770,849.68 |
| | Vanguard International Growth Adm | 0.005 | Vanguard International Growth Adm | 0.70 | 0.45 |
| | Vanguard Small Cap Index Adm | 474.498 | Vanguard Small Cap Index Adm | 51,282.31 | 41,727.35 |
| | Vanguard Target Retirement 2020 Inv | 583.527 | Vanguard Target Retirement 2020 Inv | 17,729.87 | 14,798.24 |
| | Vanguard Target Retirement 2030 Inv | 5,811.124 | Vanguard Target Retirement 2030 Inv | 221,053.19 | 182,294.96 |
| | Vanguard Target Retirement 2035 Inv | 2,017.145 | Vanguard Target Retirement 2035 Inv | 46,692.58 | 39,031.76 |
| | Vanguard Target Retirement 2040 Inv | 1,395.362 | Vanguard Target Retirement 2040 Inv | 58,261.97 | 47,442.31 |
| | Vanguard Target Retirement 2045 Inv | 1,457.807 | Vanguard Target Retirement 2045 Inv | 39,406.80 | 33,267.16 |
| | Vanguard Target Retirement 2050 Inv | 1,014.097 | Vanguard Target Retirement 2050 Inv | 46,079.32 | 38,332.87 |
| | Vanguard Target Retirement 2055 Inv | 317.392 | Vanguard Target Retirement 2055 Inv | 16,397.67 | 13,384.42 |
| | Vanguard Target Retirement 2060 Inv | 395.176 | Vanguard Target Retirement 2060 Inv | 17,671.38 | 15,344.68 |
| | Victory Sycamore Established Value R6 | 2,527.417 | Victory Sycamore Established Value R6 | 124,227.32 | 113,101.91 |
| | WCM Focused Emerging Markets Instl | 369.667 | WCM Focused Emerging Markets Instl | 6,534.19 | 4,761.31 |
| | Western Asset Core Plus Bond IS | 11,846.193 | Western Asset Core Plus Bond IS | 138,975.59 | 110,880.37 |