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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

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

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>TECHNICAL DIAGNOSTIC SERVICES, LLC</u></p> <p><u>15825 TRINITY BLVD.</u><br/><u>FORT WORTH, TX 76155</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2007</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>27-1298726</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>817-465-9494</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>238210</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | MARY COLLINS   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |   |
|---|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 186  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 106<br><b>6a(2)</b> 59<br><b>6b</b> 2<br><b>6c</b> 87<br><b>6d</b> 148<br><b>6e</b> 0<br><b>6f</b> 148<br><b>6g</b> 127<br><b>6h</b> 9   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:   |   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</b></p>  | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>TECHNICAL DIAGNOSTIC SERVICES, LLC</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>27-1298726</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**JOHN HANCOCK LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 01-0233346 | 65838         | 94106                                 | 140   | 01/01/2022              | 12/31/2022 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 11966                                       | 4761                                 |

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                   | (e) Organization code |
|---|---------------------------------|-------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose       |                       |
| 11966   |                                 | BROKER COMMISSION | 3                     |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   | 3250                            |             | 5                     |

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

DEFINITI-LLC

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   | 1511                            |             | 3                     |

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

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

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

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

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

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

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

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

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

|   |          |         |
|---|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 1678    |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 3192689 |

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
 Specify nature of costs ▶

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

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

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

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

|  |              |       |
|--|--------------|-------|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>    | 1677  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> | 3711  |
| (2) Dividends and credits.....   | <b>7c(2)</b> |       |
| (3) Interest credited during the year.....   | <b>7c(3)</b> | 27    |
| (4) Transferred from separate account.....   | <b>7c(4)</b> | 80718 |
| (5) Other (specify below) .....  | <b>7c(5)</b> |       |
| ▶  |              |       |
| (6) Total additions.....   | <b>7c(6)</b> | 84456 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 86133 |
| <b>e</b> Deductions:   |              |       |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |       |
| (2) Administration charge made by carrier.....   | <b>7e(2)</b> |       |
| (3) Transferred to separate account.....   | <b>7e(3)</b> |       |
| (4) Other (specify below) .....  | <b>7e(4)</b> |       |
| ▶  |              |       |
| (5) Total deductions.....  | <b>7e(5)</b> |       |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 86133 |

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

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

**9** Experience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TECHNICAL DIAGNOSTIC SERVICES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1298726</u> |            |

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15                     |   | 778  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|   |  |            |
|---|--|------------|
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>          |  |            |
| <b>A</b> Name of plan<br><u>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</u>         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TECHNICAL DIAGNOSTIC SERVICES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1298726</u> |            |

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

|   |   |                                       |                               |   |
|---|---|---------------------------------------|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46789</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>73409</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2050 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44848</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>351448</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>156168</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>167526</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2030 LIFETIME</u> | <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | <b>c</b> EIN-PN <u>01-0233346-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416356</u> |

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2025 LIFETIME</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>207606</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2020 LIFETIME</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>89795</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2010 LIFETIME</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6384</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER AGGRESSIVE LS</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>86064</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER GROWTH LS</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>824394</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER BALANCED LS</b>   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>56004</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER CONSERV LS</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>127744</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLUE CHIP GROWTH FUND</b>         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3496</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CAPITAL APPRECIATION FUND</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28922</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CLEARBRIDGE AGGRESSIVE GROWTH</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>364</b>    |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1345 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND           |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2635 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 918  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3091 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2747 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPROTT GOLD EQUITY FUND       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 488  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3622 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124  |

|  |                        |   |
|--|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1676  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND        |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14825 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND              |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43079 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND          |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1219  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1502  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1190  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 686   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND          |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1733  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND OPPS FUND |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND         |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN              |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1235  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2065 LIFETIME  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 5-YEAR COMPOUND   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 835   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 3-YEAR COMPOUND   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85299 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND                    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1283  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN GLOBAL ALLO GIFL      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29823 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                             |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                             |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)       |



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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TECHNICAL DIAGNOSTIC SERVICES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1298726</u> |            |

**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 |
|---|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....  | 9                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions.....  |                       |                 |
| <b>(2)</b> Participant contributions.....   | 0                     | 0               |
| <b>(3)</b> Other.....   | 0                     | 0               |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   |                       |                 |
| <b>(2)</b> U.S. Government securities.....  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred.....   |                       |                 |
| <b>(B)</b> All other.....   |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred.....   |                       |                 |
| <b>(B)</b> Common.....  |                       |                 |
| <b>(5)</b> Partnership/joint venture interests.....   |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   |                       |                 |
| <b>(7)</b> Loans (other than to participants).....  |                       |                 |
| <b>(8)</b> Participant loans.....   | 11891                 | 26560           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | 3192689               | 2802621         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | 1678                  | 86134           |
| <b>(15)</b> Other.....  |                       |                 |

| 1d Employer-related investments:                             |       | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities.....                                 | 1d(1) |                       |                 |
| (2) Employer real property.....                              | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....   | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f    | 3206267               | 2915315         |

**Liabilities**

|   |    |  |  |
|---|----|--|--|
| g Benefit claims payable.....                                     | 1g |  |  |
| h Operating payables.....   | 1h |  |  |
| i Acquisition indebtedness.....                                   | 1i |  |  |
| j Other liabilities.....  | 1j |  |  |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k |  |  |

**Net Assets**

|   |    |         |         |
|---|----|---------|---------|
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3206267 | 2915315 |
|---|----|---------|---------|

**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 |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 217003     |           |
| (B) Participants.....  | 2a(1)(B) | 454916     |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 27828      |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 699747    |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) | 1159       |           |
| (F) Other.....   | 2b(1)(F) | 27         |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 1186      |
| (2) Dividends: (A) Preferred stock.....  | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            |           |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | -636635   |
| (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) |            |           |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 64298     |
| <b>Expenses</b>   |        |            |           |
| <b>e</b> Benefit payment and payments to provide benefits:                                      |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 351116     |           |
| (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)  |            | 351116    |
| <b>f</b> Corrective distributions (see instructions) .....                                      | 2f     |            |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....             | 2g     |            |           |
| <b>h</b> Interest expense .....   | 2h     |            |           |
| <b>i</b> Administrative expenses: (1) Professional fees .....                                   | 2i(1)  |            |           |
| (2) Contract administrator fees.....  | 2i(2)  | 4134       |           |
| (3) Investment advisory and management fees .....   | 2i(3)  |            |           |
| (4) Other .....   | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                             | 2i(5)  |            | 4134      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....     | 2j     |            | 355250    |
| <b>Net Income and Reconciliation</b>  |        |            |           |
| <b>k</b> Net income (loss). Subtract line 2j from line 2d.....                                  | 2k     |            | -290952   |
| <b>l</b> Transfers of assets:   |        |            |           |
| (1) To this plan .....  | 2l(1)  |            |           |
| (2) From this plan.....   | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

- (1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: **HUSELTON, MORGAN & MAULTSBY PC**

(2) EIN: **75-2409112**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|   |           | Yes | No | Amount  |
|---|-----------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | <b>4b</b> |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....   | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....   | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   | <b>4m</b> |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....   | <b>4n</b> |     | X  |         |

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TECHNICAL DIAGNOSTIC MANAGEMENT &amp; OPERATIONS, LLC PROFIT SHARING PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TECHNICAL DIAGNOSTIC SERVICES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1298726</u> |            |

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

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

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

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_  
**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

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

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

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....     | <b>6a</b> |  |
| <b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year.....   | <b>6b</b> |  |
| <b>6 c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

**b** EIN \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more

**c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify): \_\_\_\_\_

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

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

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

Yes.

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

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

No. Other. Provide explanation \_\_\_\_\_

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**FINANCIAL STATEMENTS**  
**AND SUPPLEMENTAL INFORMATION**  
**Years Ended December 31, 2022 and 2021**  
**and Year End December 31, 2022**  
**with**  
**Independent Auditors' Report**

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC  
PROFIT SHARING PLAN**

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## INDEPENDENT AUDITORS' REPORT

To the Trustees of  
Technical Diagnostic Management & Operations, LLC Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Technical Diagnostic Management & Operations, LLC Profit Sharing (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements 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.

Plan management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Plan 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 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section —

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP"); and
- the information in the financial statements referred to above 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 plan 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Plan Management for the Financial Statements**

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

## Supplemental Information Required by ERISA

The supplemental information as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of plan 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 information, 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 information 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 information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental information 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 plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Huseltan, Morgan + Maultsby, P.C.*

Dallas, TX  
October 12, 2023

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2022 and 2021**

|                                    | <u>2022</u>                | <u>2021</u>                |
|------------------------------------|----------------------------|----------------------------|
| Investments at fair value          | \$ 2,802,621               | \$ 3,192,689               |
| Investments at contract value      | <u>86,134</u>              | <u>1,678</u>               |
| Total investments                  | 2,888,755                  | 3,194,367                  |
| Cash, non-interest bearing         | -                          | 9                          |
| Notes receivable from participants | <u>26,560</u>              | <u>11,891</u>              |
| Total assets                       | <u>2,915,315</u>           | <u>3,206,267</u>           |
| Net assets available for benefits  | <u><u>\$ 2,915,315</u></u> | <u><u>\$ 3,206,267</u></u> |

**See accompanying notes to financial statements.**

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year Ended December 31, 2022**

|   |              |
|---|--------------|
| Additions to net assets attributed to:                |              |
| Interest  | \$ 27        |
| Interest income on notes receivable from participants | 1,159        |
| Contributions:  |              |
| Participants  | 454,916      |
| Employer  | 217,003      |
| Rollover  | 27,828       |
|   | <hr/>        |
| Total contributions                                   | 699,747      |
|   | <hr/>        |
| Total additions                                       | 700,933      |
| Deductions from net assets attributed to:             |              |
| Net depreciation in fair value of investments         | 636,635      |
| Benefits paid to participants                         | 351,116      |
| Administrative expenses                               | 4,134        |
|   | <hr/>        |
| Total deductions                                      | 991,885      |
|   | <hr/>        |
| Net decrease  | (290,952)    |
| Net assets available for benefits:                    |              |
| Beginning of year                                     | 3,206,267    |
|   | <hr/>        |
| End of year   | \$ 2,915,315 |
|   | <hr/> <hr/>  |

See accompanying notes to financial statements.

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2022 and 2021**

1. DESCRIPTION OF PLAN

The following description of the Technical Diagnostic Management & Operations, LLC Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Technical Diagnostic Services, LLC, (the “Company”). The Plan allows employees to enter on the first day of the calendar quarter following the completion of the eligibility requirements. Employees, age 21 or older, are eligible for employer contributions after they have completed 30 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Plan Trustees are responsible for oversight of the Plan.

Cycle 3 Restatement & New Plan Provisions

The Plan was amended and restated effective January 1, 2021. The restatement was to comply with the requirements of the 2017 Internal Revenue Service (“IRS”) Cumulative List (IRS Notice 2017-37), the American Taxpayer Relief Act of 2012, the Tax Cuts and Jobs Act of 2017 and other applicable guidance referred to as Cycle 3 restatement. The Plan also incorporated a change to the existing plan provisions to no longer require participants to be employed on the last day of the plan year or work 1,000 hours of service during the plan year to receive employer matching contributions.

The underlying non-standardized prototype plan that the Plan adopted has received an opinion letter from the IRS dated June 30, 2020 stating that the form of the plan is qualified under Section 401(a) of the IRC and therefore, the related trust is tax-exempt.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set to five percent of eligible compensation and their contributions invested in a John Hancock Multimanager Lifetime Portfolio until changed by the participant. The Plan does not contain an auto-increase provision. For the year ended December 31, 2022, the Company elected to contribute an amount equal to 100 percent of an employee’s contribution up to three percent of their compensation, plus 50 percent of an employee’s contribution between three percent and five percent of their compensation. The Company may make profit sharing contributions at the option of the Trustees. For the year ended December 31, 2022, the Company did not make any additional non-elective contributions. Contributions are subject to certain IRS limitations.

Participant Accounts

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

### Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Prior to a December 1, 2018 plan amendment, a participant was 100 percent vested after six years of credited service. The Plan was amended December 1, 2018 to allow full and immediate vesting of employer matching and profit sharing contributions for all participants as of that date. Employees hired on or after December 2, 2018 are 100 percent vested after three years of credited service.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus one percent, as defined by the plan document. Principal and interest are paid ratably through payroll deductions.

### Payment of Benefits

Upon termination of service due to death, disability, retirement, or any other reason a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or a direct rollover. Participants with vested interest greater than \$1,000, but less than \$5,000, can elect a lump sum distribution or a direct rollover into another plan, or the participant's vested interest will be automatically rolled into an individual retirement account. Participants with vested interest less than \$1,000 will automatically receive a single lump sum payment.

### Forfeited Accounts

As of December 31, 2022 and 2021, forfeited non-vested accounts total \$0 and \$9, respectively. Forfeited accounts are used to pay plan expenses or reduce future employer contributions. For the year ended December 31, 2022, the Plan used \$6,700 from the forfeiture accounts to reduce employer contributions.

## 2. SUMMARY OF 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 plan management to make estimates and assumptions that affect the 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 the fully benefit-responsive investment contract, which is valued 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 Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 4 for discussion of fair value measurements.

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

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

### Payment of Benefits

Benefits are recorded when paid.

### Expenses

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

### Concentrations

The following table presents investments that represent ten percent or more of the Plan's net assets available for benefits as of December 31, 2022 and 2021:

|                               | <u>2022</u> | <u>2021</u> |
|-------------------------------|-------------|-------------|
| JH Multimanager Growth LS     | \$ 824,394  | \$ 923,767  |
| JH Multimanager 2030 Lifetime | 416,356     | 430,840     |
| JH Multimanager 2045 Lifetime | 351,448     | 358,887     |

### 3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Plan management has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). The custodian has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate as of December 31, 2022 and 2021, and for the year ended December 31, 2022.

|   | <u>2022</u>         | <u>2021</u>         |
|---|---------------------|---------------------|
| Investments at fair value                             | <u>\$ 2,802,621</u> | <u>\$ 3,192,689</u> |
| Investments at contract value                         | <u>\$ 86,134</u>    | <u>\$ 1,678</u>     |
| Cash, non-interest bearing                            | <u>\$ -</u>         | <u>\$ 9</u>         |
| Notes receivable from participants                    | <u>\$ 26,560</u>    | <u>\$ 11,891</u>    |
| Interest  | <u>\$ 27</u>        |                     |
| Interest income on notes receivable from participants | <u>\$ 1,159</u>     |                     |
| Net depreciation in fair value of investments         | <u>\$ 636,635</u>   |                     |

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

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

|                                 | <u>Investments at Fair Value as of December 31, 2022</u> |                |                |                     |
|---------------------------------|--|----------------|----------------|---------------------|
|                                 | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Pooled separate accounts        | \$ 2,802,621   | \$ -           | \$ -           | \$ 2,802,621        |
| Total investments at fair value | <u>\$ 2,802,621</u>                                      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 2,802,621</u> |

|                                 | <u>Investments at Fair Value as of December 31, 2021</u> |                |                |                     |
|---------------------------------|--|----------------|----------------|---------------------|
|                                 | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Pooled separate accounts        | \$ 3,192,689   | \$ -           | \$ -           | \$ 3,192,689        |
| Total investments at fair value | <u>\$ 3,192,689</u>                                      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 3,192,689</u> |

##### 5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional fully benefit-responsive investment contract, with John Hancock Life Insurance Company (“John Hancock”). The investment 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 represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the investment contract as of December 31, 2022 and 2021 totals \$86,134 and \$1,678 for both years, respectively.

The investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting rate is reviewed on a quarterly basis for resetting. The average yield earned by the Plan is 0.06 percent and 1.10 percent for both 2022 and 2021, respectively.

#### 6. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by John Hancock. Plan transactions and records are also administered by John Hancock. John Hancock is the trustee, custodian, and record-keeper as defined by the plan document and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees incurred by the Plan for investment management, trustee, and custodial services are included in net appreciation in fair value of investments. Fees incurred by the Plan for record keeping services are included in administrative expenses and net depreciation in fair value of investments.

Definiti, LLC provides various administrative services to the Plan. As such, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for third party administrator services are included in administrative expenses.

Investment management services are provided by Northwestern Mutual. Northwestern Mutual is the Plan's investment advisor and, therefore, these transactions qualify as party in interest transactions which are exempt from prohibited transaction rules. Fees incurred by the Plan for these services are included in net appreciation in fair value of investments.

#### 7. PLAN TERMINATION

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

#### 8. TAX STATUS

Plan management adopted a prototype plan offered by the custodian. The IRS has determined and informed the custodian by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan, disclose within the footnotes to the financials any potential impact taken by the Plan, and recognize a tax liability at the Company level if the Plan has taken any uncertain position that more likely than not would not be sustained upon examination by taxing jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 9. RISKS AND UNCERTAINTIES

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

#### 11. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued and determined there were no other items to disclose.

**SUPPLEMENTAL INFORMATION**  
**Included with Schedule H of Internal Revenue Service Form 5500**  
**Year Ended December 31, 2022**

**Technical Diagnostic Management & Operations, LLC Profit Sharing Plan**  
**Schedule H, Line 4(i) - Schedule of Assets (Held At End of Year)**  
**As of December 31, 2022**

**Plan Number: 001**  
**EIN: 27-1298726**

| (a) | (b)  | (c)   | (d)  | (e)              |
|-----|--|---|------|------------------|
|     | Identity of issue,<br>borrower, lessor<br>or similar party | Description of investments including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>Value |
| *   | JH Multimanager Growth LS                                  | Pooled separate account   | **   | \$ 824,394       |
| *   | JH Multimanager 2030 Lifetime                              | Pooled separate account   | **   | 416,356          |
| *   | JH Multimanager 2045 Lifetime                              | Pooled separate account   | **   | 351,448          |
| *   | JH Multimanager 2025 Lifetime                              | Pooled separate account   | **   | 207,606          |
| *   | JH Multimanager 2035 Lifetime                              | Pooled separate account   | **   | 167,526          |
| *   | JH Multimanager 2040 Lifetime                              | Pooled separate account   | **   | 156,168          |
| *   | JH Multimanager Conserv LS                                 | Pooled separate account   | **   | 127,744          |
| *   | JH Multimanager 2020 Lifetime                              | Pooled separate account   | **   | 89,795           |
| *   | JH Multimanager Aggressive LS                              | Pooled separate account   | **   | 86,064           |
|     | 3 Year Comp  | Guaranteed investment contract  | **   | 85,299           |
| *   | JH Multimanager 2055 Lifetime                              | Pooled separate account   | **   | 73,409           |
| *   | JH Multimanager Balanced LS                                | Pooled separate account   | **   | 56,004           |
| *   | JH Multimanager 2060 Lifetime                              | Pooled separate account   | **   | 46,789           |
| *   | JH Multimanager 2050 Lifetime                              | Pooled separate account   | **   | 44,848           |
|     | 500 Index Fund   | Pooled separate account   | **   | 43,079           |
|     | Franklin Global Allocation                                 | Pooled separate account   | **   | 29,823           |
|     | Capital Appreciation Fund                                  | Pooled separate account   | **   | 28,922           |
|     | Vanguard Growth Index Fund                                 | Pooled separate account   | **   | 14,825           |
| *   | JH Multimanager 2010 Lifetime                              | Pooled separate account   | **   | 6,384            |
|     | T. Rowe Price Health Sci                                   | Pooled separate account   | **   | 3,622            |
|     | Blue Chip Growth Fund                                      | Pooled separate account   | **   | 3,496            |
| *   | John Hancock Mid Cap Growth                                | Pooled separate account   | **   | 3,091            |
|     | Science & Technology Fund                                  | Pooled separate account   | **   | 2,747            |
|     | Invesco Small Cap Growth                                   | Pooled separate account   | **   | 2,635            |
|     | MFS Utilities Fund   | Pooled separate account   | **   | 1,733            |
|     | T. Rowe Price Sml Cap Val                                  | Pooled separate account   | **   | 1,676            |
|     | Fundamental Large Cap Value                                | Pooled separate account   | **   | 1,502            |
|     | Fidelity Adv New Insights                                  | Pooled separate account   | **   | 1,345            |
|     | Opportunistic Fixed Income                                 | Pooled separate account   | **   | 1,283            |
|     | Vanguard Small Cap Value Index                             | Pooled separate account   | **   | 1,235            |
|     | Equity Income Fund   | Pooled separate account   | **   | 1,219            |
|     | T. Rowe Price Equity Inc                                   | Pooled separate account   | **   | 1,190            |
| *   | John Hancock Bond Fund                                     | Pooled separate account   | **   | 991              |

(Continued)

| (a) | (b)   | (c)  | (d)         | (e)                      |
|-----|---|--|-------------|--------------------------|
|     | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party</b>         | <b>Description of investments including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
|     | PIMCO Real Return   | Pooled separate account  | **          | 990                      |
| *   | John Hancock Intl Growth  | Pooled separate account  | **          | 918                      |
|     | 5 Year Comp   | Guaranteed investment contract   | **          | 835                      |
|     | BlackRock Global Allocation   | Pooled separate account  | **          | 686                      |
|     | Sprott Gold Equity Fund   | Pooled separate account  | **          | 488                      |
|     | ClearBridge Aggressive Growth   | Pooled separate account  | **          | 364                      |
|     | T. Rowe Price New Era Fund  | Pooled separate account  | **          | 124                      |
|     | Vanguard Energy Fund  | Pooled separate account  | **          | 102                      |
|     | Total assets held for investment purposes                                   |  |             | <u>\$ 2,888,755</u>      |
| *   | Notes receivable from participants with interest rates of 4.25 to 5 percent |  |             | <u>\$ 26,560</u>         |
| *   | Party in interest   |  |             |                          |

\*\* Column (d) cost information not required as accounts are participant directed.

**See accompanying independent auditors' report.**

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**FINANCIAL STATEMENTS**  
**AND SUPPLEMENTAL INFORMATION**  
**Years Ended December 31, 2022 and 2021**  
**and Year End December 31, 2022**  
**with**  
**Independent Auditors' Report**

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC  
PROFIT SHARING PLAN**

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## INDEPENDENT AUDITORS' REPORT

To the Trustees of  
Technical Diagnostic Management & Operations, LLC Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Technical Diagnostic Management & Operations, LLC Profit Sharing (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements 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.

Plan management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Plan 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 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section —

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP"); and
- the information in the financial statements referred to above 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 plan 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Plan Management for the Financial Statements**

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

## Supplemental Information Required by ERISA

The supplemental information as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of plan 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 information, 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 information 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 information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental information 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 plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Huseltan, Morgan + Maultsby, P.C.*

Dallas, TX  
October 12, 2023

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2022 and 2021**

|                                    | <u>2022</u>         | <u>2021</u>         |
|------------------------------------|---------------------|---------------------|
| Investments at fair value          | \$ 2,802,621        | \$ 3,192,689        |
| Investments at contract value      | <u>86,134</u>       | <u>1,678</u>        |
| Total investments                  | 2,888,755           | 3,194,367           |
| Cash, non-interest bearing         | -                   | 9                   |
| Notes receivable from participants | <u>26,560</u>       | <u>11,891</u>       |
| Total assets                       | <u>2,915,315</u>    | <u>3,206,267</u>    |
| Net assets available for benefits  | <u>\$ 2,915,315</u> | <u>\$ 3,206,267</u> |

See accompanying notes to financial statements.

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year Ended December 31, 2022**

|   |              |
|---|--------------|
| Additions to net assets attributed to:                |              |
| Interest  | \$ 27        |
| Interest income on notes receivable from participants | 1,159        |
| Contributions:  |              |
| Participants  | 454,916      |
| Employer  | 217,003      |
| Rollover  | 27,828       |
|   | <hr/>        |
| Total contributions                                   | 699,747      |
|   | <hr/>        |
| Total additions                                       | 700,933      |
| Deductions from net assets attributed to:             |              |
| Net depreciation in fair value of investments         | 636,635      |
| Benefits paid to participants                         | 351,116      |
| Administrative expenses                               | 4,134        |
|   | <hr/>        |
| Total deductions                                      | 991,885      |
|   | <hr/>        |
| Net decrease  | (290,952)    |
| Net assets available for benefits:                    |              |
| Beginning of year                                     | 3,206,267    |
|   | <hr/>        |
| End of year   | \$ 2,915,315 |
|   | <hr/> <hr/>  |

See accompanying notes to financial statements.

**TECHNICAL DIAGNOSTIC MANAGEMENT & OPERATIONS, LLC**  
**PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2022 and 2021**

1. DESCRIPTION OF PLAN

The following description of the Technical Diagnostic Management & Operations, LLC Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Technical Diagnostic Services, LLC, (the “Company”). The Plan allows employees to enter on the first day of the calendar quarter following the completion of the eligibility requirements. Employees, age 21 or older, are eligible for employer contributions after they have completed 30 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Plan Trustees are responsible for oversight of the Plan.

Cycle 3 Restatement & New Plan Provisions

The Plan was amended and restated effective January 1, 2021. The restatement was to comply with the requirements of the 2017 Internal Revenue Service (“IRS”) Cumulative List (IRS Notice 2017-37), the American Taxpayer Relief Act of 2012, the Tax Cuts and Jobs Act of 2017 and other applicable guidance referred to as Cycle 3 restatement. The Plan also incorporated a change to the existing plan provisions to no longer require participants to be employed on the last day of the plan year or work 1,000 hours of service during the plan year to receive employer matching contributions.

The underlying non-standardized prototype plan that the Plan adopted has received an opinion letter from the IRS dated June 30, 2020 stating that the form of the plan is qualified under Section 401(a) of the IRC and therefore, the related trust is tax-exempt.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set to five percent of eligible compensation and their contributions invested in a John Hancock Multimanager Lifetime Portfolio until changed by the participant. The Plan does not contain an auto-increase provision. For the year ended December 31, 2022, the Company elected to contribute an amount equal to 100 percent of an employee’s contribution up to three percent of their compensation, plus 50 percent of an employee’s contribution between three percent and five percent of their compensation. The Company may make profit sharing contributions at the option of the Trustees. For the year ended December 31, 2022, the Company did not make any additional non-elective contributions. Contributions are subject to certain IRS limitations.

Participant Accounts

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

### Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Prior to a December 1, 2018 plan amendment, a participant was 100 percent vested after six years of credited service. The Plan was amended December 1, 2018 to allow full and immediate vesting of employer matching and profit sharing contributions for all participants as of that date. Employees hired on or after December 2, 2018 are 100 percent vested after three years of credited service.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus one percent, as defined by the plan document. Principal and interest are paid ratably through payroll deductions.

### Payment of Benefits

Upon termination of service due to death, disability, retirement, or any other reason a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or a direct rollover. Participants with vested interest greater than \$1,000, but less than \$5,000, can elect a lump sum distribution or a direct rollover into another plan, or the participant's vested interest will be automatically rolled into an individual retirement account. Participants with vested interest less than \$1,000 will automatically receive a single lump sum payment.

### Forfeited Accounts

As of December 31, 2022 and 2021, forfeited non-vested accounts total \$0 and \$9, respectively. Forfeited accounts are used to pay plan expenses or reduce future employer contributions. For the year ended December 31, 2022, the Plan used \$6,700 from the forfeiture accounts to reduce employer contributions.

## 2. SUMMARY OF 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 plan management to make estimates and assumptions that affect the 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 the fully benefit-responsive investment contract, which is valued 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 Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 4 for discussion of fair value measurements.

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

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

### Payment of Benefits

Benefits are recorded when paid.

### Expenses

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

### Concentrations

The following table presents investments that represent ten percent or more of the Plan's net assets available for benefits as of December 31, 2022 and 2021:

|                               | <u>2022</u> | <u>2021</u> |
|-------------------------------|-------------|-------------|
| JH Multimanager Growth LS     | \$ 824,394  | \$ 923,767  |
| JH Multimanager 2030 Lifetime | 416,356     | 430,840     |
| JH Multimanager 2045 Lifetime | 351,448     | 358,887     |

### 3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Plan management has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). The custodian has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate as of December 31, 2022 and 2021, and for the year ended December 31, 2022.

|   | <u>2022</u>         | <u>2021</u>         |
|---|---------------------|---------------------|
| Investments at fair value                             | <u>\$ 2,802,621</u> | <u>\$ 3,192,689</u> |
| Investments at contract value                         | <u>\$ 86,134</u>    | <u>\$ 1,678</u>     |
| Cash, non-interest bearing                            | <u>\$ -</u>         | <u>\$ 9</u>         |
| Notes receivable from participants                    | <u>\$ 26,560</u>    | <u>\$ 11,891</u>    |
| Interest  | <u>\$ 27</u>        |                     |
| Interest income on notes receivable from participants | <u>\$ 1,159</u>     |                     |
| Net depreciation in fair value of investments         | <u>\$ 636,635</u>   |                     |

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

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

|                                 | <u>Investments at Fair Value as of December 31, 2022</u> |                |                |                     |
|---------------------------------|--|----------------|----------------|---------------------|
|                                 | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Pooled separate accounts        | \$ 2,802,621   | \$ -           | \$ -           | \$ 2,802,621        |
| Total investments at fair value | <u>\$ 2,802,621</u>                                      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 2,802,621</u> |

|                                 | <u>Investments at Fair Value as of December 31, 2021</u> |                |                |                     |
|---------------------------------|--|----------------|----------------|---------------------|
|                                 | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Pooled separate accounts        | \$ 3,192,689   | \$ -           | \$ -           | \$ 3,192,689        |
| Total investments at fair value | <u>\$ 3,192,689</u>                                      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 3,192,689</u> |

##### 5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional fully benefit-responsive investment contract, with John Hancock Life Insurance Company (“John Hancock”). The investment 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 represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the investment contract as of December 31, 2022 and 2021 totals \$86,134 and \$1,678 for both years, respectively.

The investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting rate is reviewed on a quarterly basis for resetting. The average yield earned by the Plan is 0.06 percent and 1.10 percent for both 2022 and 2021, respectively.

#### 6. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by John Hancock. Plan transactions and records are also administered by John Hancock. John Hancock is the trustee, custodian, and record-keeper as defined by the plan document and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees incurred by the Plan for investment management, trustee, and custodial services are included in net appreciation in fair value of investments. Fees incurred by the Plan for record keeping services are included in administrative expenses and net depreciation in fair value of investments.

Definiti, LLC provides various administrative services to the Plan. As such, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for third party administrator services are included in administrative expenses.

Investment management services are provided by Northwestern Mutual. Northwestern Mutual is the Plan's investment advisor and, therefore, these transactions qualify as party in interest transactions which are exempt from prohibited transaction rules. Fees incurred by the Plan for these services are included in net appreciation in fair value of investments.

#### 7. PLAN TERMINATION

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

#### 8. TAX STATUS

Plan management adopted a prototype plan offered by the custodian. The IRS has determined and informed the custodian by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan, disclose within the footnotes to the financials any potential impact taken by the Plan, and recognize a tax liability at the Company level if the Plan has taken any uncertain position that more likely than not would not be sustained upon examination by taxing jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 9. RISKS AND UNCERTAINTIES

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

#### 11. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued and determined there were no other items to disclose.

**SUPPLEMENTAL INFORMATION**  
**Included with Schedule H of Internal Revenue Service Form 5500**  
**Year Ended December 31, 2022**

**Technical Diagnostic Management & Operations, LLC Profit Sharing Plan**  
**Schedule H, Line 4(i) - Schedule of Assets (Held At End of Year)**  
**As of December 31, 2022**

**Plan Number: 001**  
**EIN: 27-1298726**

| (a) | (b)  | (c)   | (d)  | (e)              |
|-----|--|---|------|------------------|
|     | Identity of issue,<br>borrower, lessor<br>or similar party | Description of investments including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>Value |
| *   | JH Multimanager Growth LS                                  | Pooled separate account   | **   | \$ 824,394       |
| *   | JH Multimanager 2030 Lifetime                              | Pooled separate account   | **   | 416,356          |
| *   | JH Multimanager 2045 Lifetime                              | Pooled separate account   | **   | 351,448          |
| *   | JH Multimanager 2025 Lifetime                              | Pooled separate account   | **   | 207,606          |
| *   | JH Multimanager 2035 Lifetime                              | Pooled separate account   | **   | 167,526          |
| *   | JH Multimanager 2040 Lifetime                              | Pooled separate account   | **   | 156,168          |
| *   | JH Multimanager Conserv LS                                 | Pooled separate account   | **   | 127,744          |
| *   | JH Multimanager 2020 Lifetime                              | Pooled separate account   | **   | 89,795           |
| *   | JH Multimanager Aggressive LS                              | Pooled separate account   | **   | 86,064           |
|     | 3 Year Comp  | Guaranteed investment contract  | **   | 85,299           |
| *   | JH Multimanager 2055 Lifetime                              | Pooled separate account   | **   | 73,409           |
| *   | JH Multimanager Balanced LS                                | Pooled separate account   | **   | 56,004           |
| *   | JH Multimanager 2060 Lifetime                              | Pooled separate account   | **   | 46,789           |
| *   | JH Multimanager 2050 Lifetime                              | Pooled separate account   | **   | 44,848           |
|     | 500 Index Fund   | Pooled separate account   | **   | 43,079           |
|     | Franklin Global Allocation                                 | Pooled separate account   | **   | 29,823           |
|     | Capital Appreciation Fund                                  | Pooled separate account   | **   | 28,922           |
|     | Vanguard Growth Index Fund                                 | Pooled separate account   | **   | 14,825           |
| *   | JH Multimanager 2010 Lifetime                              | Pooled separate account   | **   | 6,384            |
|     | T. Rowe Price Health Sci                                   | Pooled separate account   | **   | 3,622            |
|     | Blue Chip Growth Fund                                      | Pooled separate account   | **   | 3,496            |
| *   | John Hancock Mid Cap Growth                                | Pooled separate account   | **   | 3,091            |
|     | Science & Technology Fund                                  | Pooled separate account   | **   | 2,747            |
|     | Invesco Small Cap Growth                                   | Pooled separate account   | **   | 2,635            |
|     | MFS Utilities Fund   | Pooled separate account   | **   | 1,733            |
|     | T. Rowe Price Sml Cap Val                                  | Pooled separate account   | **   | 1,676            |
|     | Fundamental Large Cap Value                                | Pooled separate account   | **   | 1,502            |
|     | Fidelity Adv New Insights                                  | Pooled separate account   | **   | 1,345            |
|     | Opportunistic Fixed Income                                 | Pooled separate account   | **   | 1,283            |
|     | Vanguard Small Cap Value Index                             | Pooled separate account   | **   | 1,235            |
|     | Equity Income Fund   | Pooled separate account   | **   | 1,219            |
|     | T. Rowe Price Equity Inc                                   | Pooled separate account   | **   | 1,190            |
| *   | John Hancock Bond Fund                                     | Pooled separate account   | **   | 991              |

(Continued)

| (a) | (b)   | (c)  | (d)         | (e)                      |
|-----|---|--|-------------|--------------------------|
|     | <b>Identity of issue,<br/>borrower, lessor<br/>or similar party</b>         | <b>Description of investments including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
|     | PIMCO Real Return   | Pooled separate account  | **          | 990                      |
| *   | John Hancock Intl Growth  | Pooled separate account  | **          | 918                      |
|     | 5 Year Comp   | Guaranteed investment contract   | **          | 835                      |
|     | BlackRock Global Allocation   | Pooled separate account  | **          | 686                      |
|     | Sprott Gold Equity Fund   | Pooled separate account  | **          | 488                      |
|     | ClearBridge Aggressive Growth   | Pooled separate account  | **          | 364                      |
|     | T. Rowe Price New Era Fund  | Pooled separate account  | **          | 124                      |
|     | Vanguard Energy Fund  | Pooled separate account  | **          | 102                      |
|     | Total assets held for investment purposes                                   |  |             | <u>\$ 2,888,755</u>      |
| *   | Notes receivable from participants with interest rates of 4.25 to 5 percent |  |             | <u>\$ 26,560</u>         |
| *   | Party in interest   |  |             |                          |

\*\* Column (d) cost information not required as accounts are participant directed.

**See accompanying independent auditors' report.**