

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><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 <u>MODERE, INC. 401(K) 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) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MODERE, INC.</u></p> <p><u>588 SOUTH 2000 WEST</u> <u>SPRINGVILLE, UT 84663</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>87-0529084</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>801-418-2000</u></p> <p><b>2d</b> Business code (see instructions) <u>325300</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	DWIGHT ROBINS
	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  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 417
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>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> 323 <b>6a(2)</b> 307  <b>6b</b> 16 <b>6c</b> 81 <b>6d</b> 404 <b>6e</b> 0 <b>6f</b> 404  <b>6g</b> 264 <b>6h</b> 13
<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: 2J 2E 2G 2F 2K 3D 2T  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (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> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor 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>
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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 <b>MODERE, INC. 401(K) 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 <b>MODERE, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>87-0529084</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	12885	280	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>3375</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>8552</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**NATIONAL BENEFIT SERVICES, LLC** **8523 SOUTH REDWOOD ROAD**  
**WEST JORDAN, UT 84088**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3375	8552	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
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> 18494
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b> 16363589
<b>6</b> Contracts With Allocated Funds:		
<b>a</b> State the basis of premium rates ▶		
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	<b>6d</b>
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
<b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 38228
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 1655
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 376
	(4) Transferred from separate account.....	<b>7c(4)</b>
	(5) Other (specify below) .....	<b>7c(5)</b>
▶		
(6) Total additions.....		<b>7c(6)</b> 2031
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....		<b>7d</b> 40259
<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> 171
	(3) Transferred to separate account.....	<b>7e(3)</b> 21486
	(4) Other (specify below) .....	<b>7e(4)</b> 108
▶ MARKET VALUE ADJUSTMENT		
(5) Total deductions.....		<b>7e(5)</b> 21765
<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> 18494

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<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>

**10** 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. .... Specify nature of costs.	<b>10b</b>	

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>MODERE, INC. 401(K) 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 <u>MODERE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>87-0529084</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

JOHN HANCOCK

01-0233346

**(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)

MAYER HOFFMAN MCCANN P.C.

43-1947695

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

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2022**

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

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

<b>A</b> Name of plan <u>MODERE, INC. 401(K) 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 <u>MODERE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>87-0529084</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2065</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>135837</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2060</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>176195</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2055</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>219557</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2050</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>505099</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2045</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>2000199</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2040</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>1723135</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2035</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK NEW YORK</u>	
<b>c</b> EIN-PN <u>13-3646501-000</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>950833</u>

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

Schedule D (Form 5500) 2022  
v. 220413

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 1023390
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 156497
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 507515
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INCOME		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 361324
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 225994
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 190863
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY REAL ESTATE INDEX		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 228818
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 193504
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 80137
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 364895

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 526515
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 60700
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 922677
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 302963
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 221169
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 178792
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 181673
<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 815904
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 42565
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 188421

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF THE GROWTH FUND OF AMERICA</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>535184</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 NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>319404</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 NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>158888</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY CONTRAFUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>189102</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MUTUAL GLOBAL DISCOVERY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>238557</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO EQV INTL EQUITY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>29102</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK DISCIPLINED VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>421152</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPMORGAN U.S. EQUITY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>118382</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO COMMODITY REAL RETURN</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>203567</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE EQUITY INC</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK NEW YORK</b>		
<b>c</b> EIN-PN <b>13-3646501-000</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>275368</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL VALUE EQY		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 88884

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 89119

<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 NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 85348

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INFL PROTECTED BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 52147

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 169507

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MAINSTAY MACKAY HY CORP BOND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 55761

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 96199

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL BOND MARKET IDX		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 22235

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK		
<b>c</b> EIN-PN 13-3646501-000	<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) 730512

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



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>MODERE, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MODERE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0529084</b>

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b> 38031	78484
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	19371
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	37003
<b>(3)</b> Other.....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b> 109594	155621
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b> 19144942	16382083
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b> 38264	
<b>(15)</b> Other.....	<b>1c(15)</b> 18148	23852

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	19348979	16696414
<b>Liabilities</b>			
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	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	19348979	16696414

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	514792	
(B) Participants.....	2a(1)(B)	1130236	
(C) Others (including rollovers).....	2a(1)(C)	223592	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1868620
<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)	9144	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		9144
(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)		0
(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)		-3298940
(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		-1421176
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1142221	
(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)		1142221
<b>f</b> Corrective distributions (see instructions).....	2f		0
<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)	89168	
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		89168
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1231389
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-2652565
<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: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a	X		171388

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

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

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>MODERE, INC. 401(K) 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 <u>MODERE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>87-0529084</u>	

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

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

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 01-0233349

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

**MODERE, INC.  
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

December 31, 2022 and 2021, and the  
Year Ended December 31, 2022

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

December 31, 2022 and 2021, and the  
Year Ended December 31, 2022

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the Modere, Inc. 401(k) Profit Sharing Plan

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

We have performed the audits of the financial statements of the Modere, Inc. 401(k) Profit Sharing Plan (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

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

### Opinion

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

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

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the 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.



## INDEPENDENT AUDITORS' REPORT - CONTINUED

### Responsibilities of Management for the Financial Statements

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 these financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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 accounting principles generally accepted in the United States of America.



## INDEPENDENT AUDITORS' REPORT – CONTINUED

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

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

### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules as of and for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

*Mayer Hoffman McCann P.C.*

Salt Lake City, Utah  
October 16, 2023

**MODERE, INC.  
401(k) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2022 and 2021

	<b>2022</b>	<b>2021</b>
<b>ASSETS</b>		
<b>INVESTMENTS AT FAIR VALUE</b>		
Pooled separate accounts	\$ 16,363,589	\$ 19,099,456
Personal brokerage account	23,852	18,148
Guaranteed interest accounts	18,494	38,229
Total investments at fair value	16,405,935	19,155,833
<b>CASH</b>	78,484	38,031
<b>RECEIVABLES</b>		
Notes receivable from participants	155,621	109,594
Participant contributions receivable	37,003	33,748
Employer contributions receivable	19,371	11,773
Total receivables	211,995	155,115
<b>TOTAL ASSETS</b>	<b>16,696,414</b>	<b>19,348,979</b>
<b>LIABILITIES</b>		
Corrective distributions payable	88,372	34,878
<b>TOTAL LIABILITIES</b>	<b>88,372</b>	<b>34,878</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 16,608,042</b>	<b>\$ 19,314,101</b>

See Notes to Financial Statements

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year Ended December 31, 2022

ADDITIONS

Contributions	
Participant	\$ 1,130,236
Employer	514,792
Rollover	<u>223,592</u>
Total contributions	<u>1,868,620</u>

Interest income from notes receivable from participants	<u>9,144</u>
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TOTAL ADDITIONS	<u>1,877,764</u>
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DEDUCTIONS

Net depreciation in fair value of investments	3,298,940
Benefits paid to participants	1,107,343
Administrative expenses	89,168
Corrective distributions	<u>88,372</u>

TOTAL DEDUCTIONS	<u>4,583,823</u>
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NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(2,706,059)
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>19,314,101</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 16,608,042</u>
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**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(1) Description of the Plan**

The following description of the Modere, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan’s provisions, which are available from the Plan administrator.

- A. **General** – The Plan, which commenced on January 1, 1996, is a defined contribution plan covering all eligible employees of Modere, Inc. and Subsidiaries (the “Company” or “Plan sponsor”), as defined in the Plan document. Participants may participate in the Plan on the first day of the month upon reaching age 18 and after completing one month of eligible service. The Plan is designed to qualify under Sections 401(a) and 401(k) of the Internal Revenue Code (the “IRC”) as amended and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

The Plan has arranged for John Hancock Life Insurance Company (U.S.A.) (“John Hancock” or “Custodian”) to serve as custodian and to provide record keeping services for the Plan.

Effective January 1, 2022, the Plan was amended to change the vesting schedule for discretionary employer matching contributions and discretionary profit sharing contributions from a six-year graded vesting schedule to a three-year graded vesting schedule. This vesting schedule change applies to all discretionary employer matching contributions and discretionary profit sharing in the Plan prior to the effective date as well as future discretionary employer matching contributions and discretionary profit sharing contributions.

- B. **Contributions** – Each year, participants may elect to contribute up to 100% of their annual eligible earnings on a pre-tax basis, subject to the maximum amount allowable by the Internal Revenue Service (“IRS”) (\$20,500 for participants to age 50 and \$27,000 for participants over 50 years of age for the year ended December 31, 2022). Participants may also make Roth contributions on a post-tax basis and contribute amounts representing distributions from other tax qualified retirement plans. Employer matching contributions are made each pay period by the Company based on the eligibility of the employee for that pay period and if the employee is actively participating in the Plan. The amount contributed is discretionary and may vary throughout the year at the discretion of the Plan sponsor. From January 1, 2022 through March 31, 2022, the amount contributed was based on 50% of the participant’s annual eligible wages. Effective April 1, 2022, the amount contributed was changed to be based on 100% of the participant’s deferral up to 3% of the participant’s annual eligible wages and 50% of the next 2%. The Company may also make discretionary profit sharing contributions to the Plan each year in amounts determined by the Company. No discretionary profit sharing contributions were made during the year ended December 31, 2022.
- B. **Participant accounts** – Each participant’s account is credited with the participant’s contributions, the Company’s discretionary employer matching contribution, and an allocation of the Company’s discretionary profit sharing contributions (if any), and the Plan’s earnings and losses, which include administrative expenses. Allocations are based on participants’ earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(1) Description of the Plan (continued)**

- D. **Vesting** – Participants are immediately vested in their voluntary contributions, earnings thereon, and rollover contributions. Effective January 1, 2022, participants vest in the discretionary employer matching and discretionary profit sharing contributions as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
1 year	33%
2 years	66%
3 or more years	100%

Participants also become 100% vested when the participant reaches normal retirement age (65), incurs a disability as defined by the Plan, or upon death.

- E. **Participant investment account options** – The Plan currently offers pooled separate accounts and a guaranteed interest account as investment options for participants. Previously, the Plan allowed for investments in a personal brokerage account, but no new investments may be made through the personal brokerage account. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Unless limited by restrictions imposed by individual investment options and subject to redemption fees, participants may change their investment options on a daily basis.
- F. **Notes receivable from participants** – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance with terms from 1 year up to 5 years. Loans related to the purchase of a primary residence are allowed to have longer repayment terms. The notes are secured by the balance in the participant's account and bear interest at 1% above the prime rate. Interest rates on outstanding notes receivable as of December 31, 2022 ranged from 4.25% to 8.00%. Principal and interest are paid ratably through bi-weekly payroll deductions.
- G. **Payment of benefits** – Participants may receive the vested interest of their Plan account through a distribution of benefits upon retirement, death, termination of employment, or a qualifying withdrawal. Benefit payments are made in a lump sum distribution, installment payments, or rollover contributions to another plan. Participants who terminate employment with an account balance of less than \$1,000 may receive an automatic lump sum distribution. Participants who terminate employment with an account balance of less than \$5,000 but more than \$1,000 may receive an automatic direct rollover of their account balance to an Individual Retirement Account.
- H. **Forfeited accounts** – As of December 31, 2022 and 2021, forfeited non-vested accounts totaled \$78,484 and \$38,031, respectively. Forfeited non-vested accounts are used to offset previously forfeited amounts reinstated to participants who terminate and are rehired before five consecutive breaks in service as defined in the Plan. Remaining amounts may be used to offset discretionary employer matching contributions or pay administrative expenses. Changes in the balance of forfeited accounts are included in net depreciation in fair value of investments. During the year ended December 31, 2022, no forfeited non-vested accounts were used to offset administrative expenses.

**(2) Summary of significant accounting policies**

**Basis of accounting** – The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(2) Summary of significant accounting policies (continued)**

**Use of estimates** – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

**Cash** – Cash consists of amounts that have not been used to invest in funds within the Plan and is principally derived from amounts forfeited by participants.

**Investment valuation and income recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Plan's valuation policies utilizing information provided by the Custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments 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 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 or 2021.

**Payment of benefits** – Benefits are recorded when paid.

**Administrative expenses** – Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Fees related to processing benefit payments and the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

**(3) Information prepared and certified by the Custodian**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company (U.S.A.) has certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) is complete and accurate with respect to investments and notes receivable from participants:

- Investments, except for the personal brokerage account
- Notes receivable from participants
- Interest income
- Net depreciation in fair value of investments
- Interest income from notes receivable from participants
- Schedule of assets (held at end of year), except for the personal brokerage account

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year).

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(4) Fair value measurements**

The Financial Accounting Standards Board (“FASB”) Accounting Standards Codification Topic 820 (“ASC 820”), *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- |         |   |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.   |
| Level 2 | Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.   |

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

Following is a description of the valuation methodologies used for assets 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 net asset value (“NAV”) of units of the separate account. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Personal brokerage account:* Invested in equity securities of a privately-held corporation that seek long-term capital appreciation. Investments in the privately-held corporation are valued annually based on income and market approaches and may be sold when the seller forms a contract with a willing purchaser and notifies the privately-held corporation.

*Guaranteed interest accounts:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. The guaranteed interest accounts promise contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market value adjustment when funds are withdrawn prior to maturity. Therefore, the guaranteed interest accounts are not considered benefit-responsive and are valued at estimated fair value as determined by the Custodian. The average yield of the guaranteed interest accounts was 1.22% and 1.22% for the years ended December 31, 2022 and 2021, respectively. The average crediting interest rate for the guaranteed interest accounts was 1.10% and 0.89% for the years ended December 31, 2022 and 2021, respectively.

The guaranteed interest accounts provide participants with a guaranteed return of principal and maximum liquidity. The accounts are an investment option offered under the John Hancock group annuity contract. Guaranteed interest accounts guarantee the return of principal plus compound interest earned over a three or five year term, less any applicable contract or recordkeeping charges.

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(4) Fair value measurements (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

	<b>Investments at Fair Value as of December 31, 2022</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Personal brokerage account	\$ -	\$ -	\$ 23,852	\$ 23,852
Guaranteed interest accounts	-	-	18,494	18,494
Total investments in the fair value hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,346</u>	42,346
Investments measured at NAV practical expedient*				<u>16,363,589</u>
Total investments at fair value				<u>\$ 16,405,935</u>

	<b>Investments at Fair Value as of December 31, 2021</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Personal brokerage account	\$ -	\$ -	\$ 18,148	\$ 18,148
Guaranteed interest accounts	-	-	38,229	38,229
Total investments in the fair value hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 56,377</u>	56,377
Investments measured at NAV practical expedient*				<u>19,099,456</u>
Total investments at fair value				<u>\$ 19,155,833</u>

\* In accordance with Subtopic 820-10, pooled separate accounts are measured using NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits. The pooled separate accounts are redeemed on a daily basis and do not have any redemption restrictions. Additionally, there are no unfunded commitments.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2022 and 2021:

	<b>Level 3 Investments</b>	
	<b>Year Ended December 31, 2022</b>	
	Personal brokerage account	Guaranteed interest accounts
Balance, beginning of year	\$ 18,148	\$ 38,229
Realized gains	-	80
Purchases	-	1,671
Transfer, net*	-	(21,486)
Unrealized gain (loss)	5,704	-
Balance, end of year	<u>\$ 23,852</u>	<u>\$ 18,494</u>

**MODERE, INC.  
401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(4) Fair value measurements (continued)**

	<b>Level 3 Investments</b>	
	<b>Year Ended December 31, 2021</b>	
	Personal brokerage account	Guaranteed interest accounts
Balance, beginning of year	\$ 18,148	\$ 53,102
Realized gains	-	174
Purchases	-	1,189
Transfer, net*	-	80
Unrealized loss	-	(16,316)
Balance, end of year	\$ 18,148	\$ 38,229

\*Transfers represent participants who have elected to either transfer funds into or out of the guaranteed interest account.

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following tables represents the Plan's Level 3 financial instruments as of December 31, 2022 and 2021, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values of those inputs:

**December 31, 2022**

<b>Description</b>	<b>Fair Value</b>	<b>Valuation Techniques</b>	<b>Unobservable Inputs</b>	<b>Significant Input Values</b>
Personal brokerage account	\$ 23,852	SEC Regulation A+ Offering	Discount for lack of control	5.00%
			Discount for lack of marketability	15.00%
Guaranteed interest accounts	\$ 18,494	Discounted cash flow model	Composite rates	0.98% - 1.88%
			Duration	3 - 5 years
			Payout dates	December 31, 2022 through December 31, 2026
			Current rates	1.00% - 1.10%

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(4) Fair value measurements (continued)**

**December 31, 2021**

<u>Description</u>	<u>Fair Value</u>	<u>Valuation Techniques</u>	<u>Unobservable Inputs</u>	<u>Significant Input Values</u>
Personal brokerage account	\$ 18,148	Market comparable companies, discounted cash flows	Discount for lack of control Discount for lack of marketability	5.00% 25.00%
Guaranteed interest accounts	\$ 38,229	Discounted cash flow model	Composite rates Duration Payout dates Current rates	0.70% - 1.88% 3 - 5 years December 31, 2021 through December 31, 2025 0.80% - 0.90%

**(5) Related party and party-in-interest transactions**

Certain investments of the Plan are managed by the Custodian, and therefore, the transactions are considered exempt party-in-interest transactions. As described in Note 2, certain administrative expenses are paid from Plan assets and qualify as party-in-interest transactions, which totaled \$89,168 for the year ended December 31, 2022.

**(6) Plan termination**

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

**(7) Tax status**

The IRS has determined that the non-standardized defined contribution pre-approved plan is designed in accordance with applicable sections of the IRC and informed the document practitioner of such in a letter dated June 30, 2020. Although the non-standardized defined contribution pre-approved plan has been amended since receiving the opinion letter, the Plan's Board of Trustees believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**(8) Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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.

**MODERE, INC.  
401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**(9) Reconciliation of financial statements to Form 5500**

The following is a reconciliation of the net assets available for benefits as reported in the financial statements as of December 31, 2022 and 2021 to Form 5500:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 16,608,042	\$ 19,314,101
Liability for corrective distributions payable	88,372	34,878
Net assets available for benefits as reported in the Form 5500	<u>\$ 16,696,414</u>	<u>\$ 19,348,979</u>

The following is a reconciliation of total deductions as reported in the financial statements for the year ended December 31, 2022 to Form 5500:

	<u>2022</u>
Total deductions as reported in the financial statements	\$ 4,583,823
Reclassification of net depreciation in fair value of investments	(3,298,940)
Corrective distributions payable for the year ended December 31, 2022	(88,372)
Corrective distributions payable for the year ended December 31, 2021	34,878
Total expenses as reported in the Form 5500	<u>\$ 1,231,389</u>

**(10) Corrective distributions payable**

The Plan failed to meet non-discrimination tests in accordance with IRS regulations during the Plan years ended December 31, 2022 and 2021, and it was determined certain participants would be refunded a portion of their contributions. The amount accrued for corrective distributions payable as of December 31, 2022 and paid in 2023 was \$88,372. The amount accrued for corrective distributions payable as of December 31, 2021 and paid in 2022 was \$34,878.

**(11) Delinquent participant contributions**

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. During the year ended December 31, 2022, employee contributions totaling \$132,951 were not remitted to the Plan until after the required time period. Lost earnings of \$257 related to this contribution was remitted to the Plan in September 2023. During the year ended December 31, 2021, employee contributions totaling \$38,437 were not remitted to the Plan until after the required time period. Lost earnings of \$57 related to this contribution was remitted to the Plan in October 2022.

**(12) Subsequent events**

The Plan has evaluated subsequent events through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULES**

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
**EIN: 87-0529084**  
**Plan #001**

**SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT CONTRIBUTIONS**

Year Ended December 31, 2022

	Participant Contributions Transferred Late to Plan	Total that Constituted Non-exempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
2021	<input checked="" type="checkbox"/>	\$ -	\$ 38,437	\$ -	\$ -
2022	<input checked="" type="checkbox"/>	132,951	-	-	-

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
**EIN: 87-0529084**  
**Plan #001**

**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2045	**	2,000,199
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2040	**	1,723,135
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2030	**	1,023,390
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2035	**	950,833
*	John Hancock Life Ins. Co.	T. Rowe Price Health Sciences	**	922,677
*	John Hancock Life Ins. Co.	500 Index Fund	**	815,904
*	John Hancock Life Ins. Co.	Money Market Fund	**	730,512
*	John Hancock Life Ins. Co.	The Growth Fund of America	**	535,184
*	John Hancock Life Ins. Co.	Mid Cap Index Fund	**	526,515
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2020	**	507,515
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2050	**	505,099
*	John Hancock Life Ins. Co.	John Hancock Disciplined Value	**	421,152
*	John Hancock Life Ins. Co.	iShares Gold Trust ETF	**	364,895
*	John Hancock Life Ins. Co.	Vanguard Target Retirement Income	**	361,324
*	John Hancock Life Ins. Co.	Blue Chip Growth Fund	**	319,404
*	John Hancock Life Ins. Co.	T. Rowe Price Small-Cap Value	**	302,963
*	John Hancock Life Ins. Co.	T. Rowe Price Equity Income	**	275,368
*	John Hancock Life Ins. Co.	Mutual Global Discovery	**	238,557
*	John Hancock Life Ins. Co.	Fidelity Real Estate Index	**	228,818
*	John Hancock Life Ins. Co.	American Century Heritage	**	225,994
*	John Hancock Life Ins. Co.	Vanguard Mid-Cap Value ETF	**	221,169
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2055	**	219,557
*	John Hancock Life Ins. Co.	PIMCO Commodity Real Return	**	203,567
*	John Hancock Life Ins. Co.	Franklin Small-Mid Growth	**	193,504
*	John Hancock Life Ins. Co.	New World Fund	**	190,863
*	John Hancock Life Ins. Co.	Fidelity Contrafund	**	189,102
*	John Hancock Life Ins. Co.	EuroPacific Growth Fund	**	188,421
*	John Hancock Life Ins. Co.	Vanguard Small Cap Value Index	**	181,673
*	John Hancock Life Ins. Co.	Vanguard Small Cap Grow Index	**	178,792
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2060	**	176,195
*	John Hancock Life Ins. Co.	Fidelity Advisor Total Bond	**	169,507
*	John Hancock Life Ins. Co.	ClearBridge Aggressive Growth	**	158,888
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2025	**	156,497
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2065	**	135,837
*	John Hancock Life Ins. Co.	JPMorgan U.S. Equity Fund	**	118,382
*	John Hancock Life Ins. Co.	Templeton Global Bond Fund	**	96,199
*	John Hancock Life Ins. Co.	American Balanced Fund	**	89,119
*	John Hancock Life Ins. Co.	T. Rowe Price International Value Equity	**	88,884
*	John Hancock Life Ins. Co.	BlackRock Global Allocation	**	85,348
*	John Hancock Life Ins. Co.	Invesco Small Cap Growth	**	80,137
*	John Hancock Life Ins. Co.	Sprott Gold Fund	**	60,700
*	John Hancock Life Ins. Co.	MainStay MacKay High Yield Corporate Bond	**	55,761
*	John Hancock Life Ins. Co.	BlackRock Inflation Protected Bond	**	52,147
*	John Hancock Life Ins. Co.	Capital World Growth & Income	**	42,565
*	John Hancock Life Ins. Co.	Invesco International Growth	**	29,102
*	John Hancock Life Ins. Co.	Vanguard Total Bond Market Index	**	22,235
		Total pooled separate accounts		<u>\$ 16,363,589</u>

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
**EIN: 87-0529084**  
**Plan #001**

**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)**

December 31, 2022

<b>(a)</b>	<b>(b) Identity of issue, borrower, lessor, or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
	Personal brokerage account: Dimicron, Inc.	Dimicron, Inc. Common Stock Shares	**	\$ 23,852
	Guaranteed interest accounts:			
*	John Hancock Life Ins. Co.	Five year compound guaranteed interest account	**	18,483
*	John Hancock Life Ins. Co.	Three year compound guaranteed interest account	**	11
		Total guaranteed interest accounts		<u>18,494</u>
	Notes receivable from participants:			
*	Participant loans	Interest rates of 4.25% to 8.00%, collateralized by the participant's account balance, maturing through November 2027	-0-	155,621
		Total		<u>\$ 16,561,556</u>

\* Represents a party-in-interest

\*\* Cost information is not required for participant-directed investments

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
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**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2045	**	2,000,199
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2040	**	1,723,135
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2030	**	1,023,390
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2035	**	950,833
*	John Hancock Life Ins. Co.	T. Rowe Price Health Sciences	**	922,677
*	John Hancock Life Ins. Co.	500 Index Fund	**	815,904
*	John Hancock Life Ins. Co.	Money Market Fund	**	730,512
*	John Hancock Life Ins. Co.	The Growth Fund of America	**	535,184
*	John Hancock Life Ins. Co.	Mid Cap Index Fund	**	526,515
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2020	**	507,515
*	John Hancock Life Ins. Co.	Vanguard Target Retirement 2050	**	505,099
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*	John Hancock Life Ins. Co.	ClearBridge Aggressive Growth	**	158,888
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*	John Hancock Life Ins. Co.	JPMorgan U.S. Equity Fund	**	118,382
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*	John Hancock Life Ins. Co.	Capital World Growth & Income	**	42,565
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*	John Hancock Life Ins. Co.	Vanguard Total Bond Market Index	**	22,235
		Total pooled separate accounts		<u>\$ 16,363,589</u>

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
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**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – (CONTINUED)**

December 31, 2022

<b>(a)</b>	<b>(b) Identity of issue, borrower, lessor, or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
	Personal brokerage account: Dimicron, Inc.	Dimicron, Inc. Common Stock Shares	**	\$ 23,852
	Guaranteed interest accounts:			
*	John Hancock Life Ins. Co.	Five year compound guaranteed interest account	**	18,483
*	John Hancock Life Ins. Co.	Three year compound guaranteed interest account	**	11
		Total guaranteed interest accounts		<u>18,494</u>
	Notes receivable from participants:			
*	Participant loans	Interest rates of 4.25% to 8.00%, collateralized by the participant's account balance, maturing through November 2027	-0-	155,621
		Total		<u>\$ 16,561,556</u>

\* Represents a party-in-interest

\*\* Cost information is not required for participant-directed investments

**MODERE, INC.**  
**401(k) PROFIT SHARING PLAN**  
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**SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT CONTRIBUTIONS**

Year Ended December 31, 2022

	Participant Contributions Transferred Late to Plan	Total that Constituted Non-exempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
2021	<input checked="" type="checkbox"/>	\$ -	\$ 38,437	\$ -	\$ -
2022	<input checked="" type="checkbox"/>	132,951	-	-	-