

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2008
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AGENDIA, INC. 22 MORGAN IRVINE, CA 92618-2202
2b	Employer Identification Number (EIN) 26-2136244
2c	Plan Sponsor's telephone number 949-540-6300
2d	Business code (see instructions) 621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	TAE KIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 261
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 161 6a(2) 156 6b 0 6c 100 6d 256 6e 0 6f 256 6g(1) 213 6g(2) 209 6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.	D Employer Identification Number (EIN) 26-2136244	

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

(a) Name of insurance carrier
NATIONWIDE 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
31-4156830	66869	650-80054	209	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 392	(b) Total amount of fees paid 0
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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
PARK AVENUE SECURITIES LLC
10 HUDSON YARDS
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
392			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

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

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

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

b	Balance at the end of the previous year	7b	52314
c	Additions: (1) Contributions deposited during the year	7c(1)	18482
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	3966
	(4) Transferred from separate account.....	7c(4)	691441
	(5) Other (specify below)	7c(5)	599
	▶ LOAN REPAYMENTS, FORFEITURES		
	(6) Total additions	7c(6)	714488
d	Total of balance and additions (add lines 7b and 7c(6))	7d	766802
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	526714
	(2) Administration charge made by carrier	7e(2)	528
	(3) Transferred to separate account.....	7e(3)	185174
	(4) Other (specify below)	7e(4)	3575
	▶ LOAN WITHDRAWALS AND FORFEITURE		
	(5) Total deductions	7e(5)	715991
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	50811

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.	D Employer Identification Number (EIN) 26-2136244

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

(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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	64478	Yes ☒ No ☐	Yes ☒ No ☐	2174	Yes ☐ No ☒

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

FUTUREPLAN BY ASCENSUS

PO BOX 734602
CHICAGO, IL 60673-0000

82-3719843

(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?
16	THIRD PARTY ADMINISTRATO	31220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAFHOUSE FINANCIAL ADVISORS LLC

6504 BRIDGEPOINT PARKWAY
SUITE 450
AUSTIN, TX 78730

26-4311657

(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?
28	FINANCIAL ADVISOR	6988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARK AVENUE SECURITIES LLC	33	27872

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARK AVENUE SECURITIES LLC 10 HUDSON YARDS NEW YORK, NY 10001-0000 82-3719843	PER SCHEDULE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>AGENDIA, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGENDIA, INC.</u>	D Employer Identification Number (EIN) <u>26-2136244</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD DEVL MARKET INDEX

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91239</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF LFCYCIND 2030 INST

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>317</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMBEN INTL EQ R5

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1367</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRRK TTL RTN K

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5429</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LGCAP VAL INST

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1508</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT 2060

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1403</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6

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

c EIN-PN <u>31-1592130-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31724</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO EMRGMKT		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP GR INDX ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178815
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12058
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33706
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK RUSS MIDCAP IDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1433
a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30944
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDNS2050 I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1627564
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP GR INDX ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119905
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP VAL INDX ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60901
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP VAL INDX ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133173

a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV LBLGTNS PRMR		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153703
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HI YLD BD PORT K		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15816
a Name of MTIA, CCT, PSA, or 103-12 IE: COL SEL LGCAP GR INST2		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 919
a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59587
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR INTL GR INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 943
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCOCOMDYREALRTNSTRATINST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15650
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS GR FD AM R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8106
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNTRDNS2055 I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 352214
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MID-CAP IDX FD AS		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76306
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15887

a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34440

a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23097

a Name of MTIA, CCT, PSA, or 103-12 IE: FID TTLMKT IDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6759

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDNDNS2030 I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1055323

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD HI YLD CORP ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25756

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL BND MKT IDX ADM		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212326

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK STRAT INC OPPI I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444

a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MDCAP I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17476

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GQGPTNRINTLOPPR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34262

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9589
a Name of MTIA, CCT, PSA, or 103-12 IE: AM CENT TGT RET 2065		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37696
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNTRDNS2040 I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257718
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNTRDNS2045 I		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1527598
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD GR INDX ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 533565
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INFL PRTCT SEC ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15870
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTL BD IDX ADM1		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239
a Name of MTIA, CCT, PSA, or 103-12 IE: NW FXD SEL OPTN		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50811
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK SP 500 IDX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2804
a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18608

a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RTRMNTRDNS2035 1**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1693195
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RTRMNTRDNS2060 1**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341227
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RTRMNTRDNSRTRMNT I**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278064
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD EMRG MKT STK INDX ADM1**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57987
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD TGT RET 2055**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1403
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD EXPLR ADML**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10185
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA US TRGT VAL INST**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1115
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AB GLBL BD I**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11014
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT RTRMNTRDNS2025 I**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1776319
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD 500 INDEX FD AS**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1276436
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD REALEST INDX ADM1**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44044
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD SM CAP INDX FD AS**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136706
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD VAL INDX ADM1**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69464
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMRG MKT COR EQ INST**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28702
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA GLBL REALEST SEC INST**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 650
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPM EQ INC R5**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28082
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS MIDCAP GR**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16921
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMFDS 2050 TRGTDTRTRMT R6**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7707
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPM LGCAP GR R6**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26586
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP JPN**

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

c EIN-PN 31-1592130-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9326
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.		
D Employer Identification Number (EIN) 26-2136244		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9972	10985
(2) Participant contributions	1b(2)	30119	36748
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	338749	249938
(9) Value of interest in common/collective trusts	1c(9)	129148	153703
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13520445	14506347
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	52314	50811
(15) Other	1c(15)		

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	14080747	15008532
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14080747	15008532

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	469983	
(B) Participants	2a(1)(B)	1600378	
(C) Others (including rollovers)	2a(1)(C)	76538	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2146899
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	12167	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12167
(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)		
(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)		1953259
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4112325

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3160635	
(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)		3160635
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	23905	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		23905
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3184540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		927785
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: **SINGERLEWAK LLP**

(2) EIN: **95-2302617**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.	D Employer Identification Number (EIN) 26-2136244	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

AGENDIA, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL REPORT
DECEMBER 31, 2023

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees
Agendia, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Agendia, 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 plan benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2023, 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) 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, 2023 and 2022, and for the year ended December 31, 2023, 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 U.S. GAAP.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Singer Lewak LLP

October 4, 2024

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31,

ASSETS

	<u>2023</u>	<u>2022</u>
Investments		
Registered investment companies, at fair value	\$ 14,506,347	\$ 13,520,445
Collective investment trust, at fair value	153,703	129,148
Guaranteed investment contract, at contract value	<u>50,811</u>	<u>52,314</u>
 Total investments	 <u>14,710,861</u>	 <u>13,701,907</u>
 Receivables		
Participant contributions	36,748	30,119
Employer contributions	10,985	9,972
Notes receivable from participants	<u>249,938</u>	<u>338,749</u>
 Total receivables	 <u>297,671</u>	 <u>378,840</u>
 Net assets available for plan benefits	 <u>\$ 15,008,532</u>	 <u>\$ 14,080,747</u>

See notes to financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2023

Additions to net assets attributed to

Investment income	
Net appreciation in fair value of investments	\$ 1,883,387
Dividend and interest income	<u>69,872</u>
Net investment income	<u>1,953,259</u>
Interest income on loans from participants	<u>12,167</u>
Contributions	
Participants'	1,600,378
Employer's	469,983
Rollovers	<u>76,538</u>
Total contributions	<u>2,146,899</u>
Total additions	<u>4,112,325</u>

Deductions from net assets attributed to

Benefits paid to participants	3,160,635
Administrative expenses	<u>23,905</u>
Total deductions	<u>3,184,540</u>

Net increase in net assets 927,785

Net assets available for plan benefits, beginning of year 14,080,747

Net assets available for plan benefits, end of year \$ 15,008,532

See notes to financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Agendia, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was adopted in January 2008 as a voluntary employee contribution plan for the benefit of employees of Agendia, Inc. (the “Employer”).

The Plan is a defined-contribution plan established by the Employer under the provision of Section 401(k) of the Internal Revenue Code (IRC). The Plan is administered by the management of the Employer and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration

The Plan’s custodian and recordkeeper is Nationwide Retirement Plan Company (the “Custodian”). The Custodian holds the assets of the Plan and executes investment transactions, makes payments as directed by the Plan participants, and provides record keeping and other functions, as defined. Nationwide Trust Company (the “Trustee”) is responsible for the custody and management of the Plan’s assets. The Plan is administered by an Administrative Committee appointed by the Board of Directors and the Employer, which is responsible for oversight of the Plan, including determine the appropriateness of the Plan’s investment offerings and monitoring investment performance.

Eligibility

The Plan covers all employees of the Employer age twenty-one (21) or over. Employees are eligible to enter the Plan on the first payroll period following the attainment of the age eligibility requirement.

Contributions

Each year, participants may defer pretax and/or post-tax contributions not to exceed elective deferral limits imposed by the Internal Revenue Service (IRS), as defined by the Plan. Participants who have attained age fifty (50) before the end of the plan year are eligible to contribute additional catch-up contributions. Participants may also roll over amounts representing distributions from other qualified defined-benefit or contribution plans. Contributions are subject to certain limitations, as defined in the Plan.

The Employer makes matching contributions to all participants who are currently contributing to the Plan in the amount of 50% of the first 6% of base compensation that a participant contributes to the Plan. The Employer may also make non-elective profit sharing contributions to all participants who are currently enrolled in the Plan. For the year ended December 31, 2023, the Employer made no non-elective profit sharing contributions.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Benefit Payments

Upon normal retirement, retirement due to permanent disability, death, termination, or participants or the participants' beneficiaries are eligible to receive their vested interest in funds either in the form of payments beginning at age 70 ½ or in a lump-sum payment. The Plan may elect to make a mandatory distribution of account balance that are \$5,000 or less.

Financial Hardship Distributions

The Plan allows for hardship withdrawals in accordance with IRS regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

Participant Accounts

Each participant's account is credited with the respective participant's contribution and allocations of the Employer's matching contributions and nonelective profit sharing contributions and Plan earnings and charged with an allocation of administrative expenses to the extent that were not paid by the Employer. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary deferral contributions, plus actual earnings thereon. Vesting of Employer discretionary elective matching contribution, non-elective profit sharing contributions, and earnings thereon are based upon the participant's years of service with the Employer as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0%
1 – 2	30%
2 – 3	60%
more than 3	100%

Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time throughout the year via the internet website or by using the automated telephone system offered by the custodian.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Participants' accounts are forfeited if any Employer contribution portion has not fully vested at the time of withdrawal. These amounts can be utilized by the Employer to offset administrative expenses of the Plan, with any remaining forfeitures to be used to reduce Employer matching contributions otherwise payable to the Plan. As of December 31, 2023 and 2022, forfeited non-vested accounts totaled \$50,565 and \$64,490, respectively. For the year ended December 31, 2023, the Plan used \$32,438 of forfeited amounts to cover administrative expenses and reduce Employer matching contributions.

Notes Receivable from Participants

Participants may borrow from their current account balances a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balances, or \$50,000. The maximum loan amount will be reduced by the participant's highest outstanding loan balance in the previous 12 months even if amounts have been repaid. Participants are permitted to have no more than two (2) loans outstanding at any point in time. During December 31, 2023 and 2022, the loans are secured by the balance in the participant's account and bear interest ranging between 3.25% and 8.50%, which is commensurate with local prevailing rates as determined by the Plan Administrator. Loan terms are specified for each loan with maturities through September 2042. Loans must be repaid within a five-year (5-year) period, unless the loan is used to purchase a principal residence. Principal and interest are paid ratably through biweekly payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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 net assets available for plan benefits and changes therein and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Loans from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments in registered investment companies and the collective investment trust 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. See Note 4 for a discussion of fair value measurements. The Plan's investment in the guaranteed investment contract is reported at contract value (see Note 5).

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

Management fees and operating expenses charged to the Plan for its investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for applicable investments.

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

The Employer pays certain Plan expenses. These expenses are excluded from these financial statements. Plan expenses not paid by the Employer, will be charged on a pro-rata basis to the value of the participants' account balances.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan's management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Retirement Plan Company, the Custodian of the Plan, has certified to the completeness and accuracy of all investments and loans from participants reflected in the accompanying statements of net assets available for plan benefits as of December 31, 2023 and 2022; and supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023; the related investment activity and interest income on notes from participants reflected in the statement of changes in net assets available for plan benefits for the year ended December 31, 2023.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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's 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.

There has been no change in the methodologies used at December 31, 2023 and 2022.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

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

Collective investment trust: Valued at the net asset value (NAV) of the underlying assets of the funds. The collective investment trust invests in traditional guaranteed investment contracts, separate account guaranteed investment contracts, synthetic guaranteed investment contracts, and money market instruments. The collective investment trusts have daily redemption frequencies, no redemption period or restrictions, and no unfunded commitments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Total assets in the fair value Hierarchy				
Registered investment companies	\$ 14,506,347	\$ -	\$ -	\$ 14,506,347
Investments measured at NAV (practical expedient) (a)				153,703
Total				<u>\$ 14,660,050</u>

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Total assets in the fair value Hierarchy				
Registered investment companies	\$ 13,520,445	\$ -	\$ -	\$ 13,520,445
Investments measured at NAV (practical expedient) (a)				129,148
Total				<u>\$ 13,649,593</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) 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 statement of net assets available for plan benefits.

NOTE 5 – GUARANTEED INVESTMENT CONTRACT

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (National Life Insurance). Nationwide Life Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Crediting interest rate on the account as of December 31, 2023 and 2022 was 5.00% and 3.10%, respectively.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 – GUARANTEED INVESTMENT CONTRACT (Continued)

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

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Employer or other Employer events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan adopted a volume submitter form of a prototype plan. The prototype volume submitter plan has received an opinion letter from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan Administrator believes the amendments to the original Plan document will not affect the Plan's favorable tax status and that the Plan remains in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS (Continued)

U.S. GAAP require Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and notes receivable from participants and the related interest income are managed by the Custodian of the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer, by action of its Plan Administration, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, further contributions to the Plan shall cease, and all participants who are affected by such termination would become fully vested and receive distributions of their account balances. Net assets available for plan benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 9 – RISK AND UNCERTAINTIES

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investments are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 plan benefits and the statement of changes in net assets available for plan benefits.

NOTE 10 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 4, 2024, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Collective investment trust			
	Federated	Government Obligations Fund Premier	\$ 153,703
Guaranteed investment contract			
*	Nationwide	Fixed Select Contract	50,811
Funds in registered investment companies			
	American Beacon	Global Bond I Fund	11,014
	American Century	American Century Retirement Date 2025	1,776,319
	American Century	American Century Retirement Date 2030	1,055,323
	American Century	American Century Retirement Date 2035	1,693,195
	American Century	American Century Retirement Date 2040	2,257,718
	American Century	American Century Retirement Date 2045	1,527,598
	American Century	American Century Retirement Date 2050	1,627,564
	American Century	American Century Retirement Date 2055	352,214
	American Century	American Century Retirement Date 2060	341,227
	American Century	American Century Retirement Date 2065	37,696
	American Century	Amcent Rtrmtrdnrtmmt I	278,064
	American Funds	American Funds 2050 Target Date Retirement Fund	7,707
	American Funds	American Funds Growth Fund of America	8,106
	BlackRock	BlackRock High Yield Bond K	15,816
	BlackRock	Blkrk Is S P 500 Indx K +	2,804
	BlackRock	Blkrk Isrssll Mdcapindx K +	1,433
	BlackRock	BlackRock Strategic Income Opps Instl	444
	BlackRock	BlackRock Total Return K	5,429
	Columbia	Columbia Select Large Cap Growth Inst	919
	Delaware	Delaware Ivy Emrgmktclcrndbt I	28,702
	DFA	DFA Emerging Markets Core Equity I	650
	DFA	DFA Global Real Estate Securities	1,508
	DFA	DFA U.S. Large Cap Value Portfolio Institutional Class	1,115
	DFA	DFA U.S. Targeted Value Fund	17,476
	Diamond Hill	Diamond Hill Mid Cap I	33,706
	Fidelity Funds	Fed Hrms Gov Oblgtns Pmr	59,587
	Fidelity Funds	Fidelity 500 Index	34,440
	Fidelity Funds	Fidelity International Index Fund	461
	Fidelity Funds	Fidelity US Bond Index	23,097
	Goldman Sachs	Goldman Sachs GQG tnrs Intl Opps R6	34,262
	Harbor	Harbor International Growth Instl	944
	JP Morgan	JPMorgan Equity Income Fund	28,082
	JP Morgan	JPMorgan Large Cap Gr R6	26,586
	JP Morgan	Mfs Mdcap Gr R6	16,921
*	Nationwide	Nationwide Loomis All Cap Growth Fund	31,724
	PGIM	PGIM Total Return Bond R6	15,887
	PIMCO Funds	Pimco Emrgmktclcrnbd Inst +	272
	PIMCO Funds	PIMCO Real Return Fund Institutional Class	12,058
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Inst	15,650
	Principal	Principal Global Real Estate Sec R6	18,608
	TIAA Investments	Lifecycle 2030 Retirement Fund	317
	TIAA Investments	Trowepr Jpn +	9,326
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	1,276,436
	The Vanguard Group	Vanguard Developed Markets Index Fund Admiral Shares	91,239
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund Investor Shares	57,987
	The Vanguard Group	Vanguard Explorer Fund Admiral Shares	10,185
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares	533,565
	The Vanguard Group	Vanguard High-Yield Corporate Fund Admiral Shares	25,756
	The Vanguard Group	Vanguard Inflation-Protected Securities Fund Admiral Shares	15,870
	The Vanguard Group	Vanguard Mid-Cap Growth Index Fund Admiral Shares	119,905

See Independent Auditor's Report.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Funds in registered investment companies (Continued)			
	The Vanguard Group	Vanguard Mid-Cap Value Index Fund	60,901
	The Vanguard Group	Vanguard Mid-Cap Index Fund	76,306
	The Vanguard Group	Vanguard Real Estate Index Fund Admiral Shares	44,044
	The Vanguard Group	Vanguard Small-Cap Index Fund Admiral Shares	136,706
	The Vanguard Group	Vanguard Small-Cap Growth Index Fund Admiral Shares	178,815
	The Vanguard Group	Vanguard Small-Cap Value Index Fund Admiral Shares	133,173
	The Vanguard Group	Vngrd Trgt Rtrmt 2055 Inv +	1,403
	The Vanguard Group	Vngrd Trgt Rtrmt 2060 Inv +	1,403
	The Vanguard Group	Vanguard Total Bond Market Index Fund Admiral Share	212,326
	The Vanguard Group	Vanguard Total International Bond Index Fund Admiral Shares	239
	The Vanguard Group	Vanguard Small Market Index Fund	6,759
	The Vanguard Group	Vanguard Value Index Fund Admiral Shares	69,460
	American Beacon International	American Beacon International Equity Fund - Class R5 +	1,367
	Avantis	Avantis U.S. Small Cap Value Fund - Institutional Class	9,589
	Avantis	Avantis U.S. Large Cap Value Fund	30,944
	Total registered investment companies		<u>14,506,347</u>
	Total investments held		14,710,861
*	Notes Receivable from participants	(Interest rate of 3.25% – 8.50%, collateralized by participant investments maturing through September 2042)	<u>249,938</u>
	Total		<u>14,960,799</u>
	* Denotes party-in-interest		

See Independent Auditor's Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:	▶ ☐

Part II Basic Plan Information—enter all requested information			
1a Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/2008			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AGENDIA, INC. 22 MORGAN IRVINE CA 92618-2202			
2b Employer Identification Number (EIN) 26-2136244			
2c Plan Sponsor's telephone number 949-540-6300			
2d Business code (see instructions) 621510			

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

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

SIGN HERE		10/10/2024	Tae Kim
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 261
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 161
a(2) Total number of active participants at the end of the plan year	6a(2) 156
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 100
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 256
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1) 213
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2) 209
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.	D Employer Identification Number (EIN) 26-2136244

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

(a) Name of insurance carrier NATIONWIDE 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
31-4156830	66869	650-80054	209	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid
392	0

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			
PARK AVENUE SECURITIES LLC 10 HUDSON YARDS NEW YORK NY 10001			
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
392			3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	52,314
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c Additions: (1) Contributions deposited during the year	7c(1)	18,482	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	3,966	
(4) Transferred from separate account.....	7c(4)	691,441	
(5) Other (specify below)	7c(5)	599	

▶LOAN REPAYMENTS, FORFEITURES

(6) Total additions.....	7c(6)	714,488
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d Total of balance and additions (add lines 7b and 7c(6))	7d	766,802
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	526,714	
(2) Administration charge made by carrier.....	7e(2)	528	
(3) Transferred to separate account.....	7e(3)	185,174	
(4) Other (specify below)	7e(4)	3,575	

▶Loan Withdrawals and Forfeiture

(5) Total deductions.....	7e(5)	715,991
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	50,811
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.		D Employer Identification Number (EIN) 26-2136244

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

(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

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

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)

NATIONWIDE 31-1592130
ONE NATIONWIDE PLAZA

COLUMBUS OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	64,478	Yes ☒ No ☐	Yes ☒ No ☐	2,174	Yes ☐ No ☒

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

FUTUREPLAN BY ASCENSUS 82-3719843
PO BOX 734602

CHICAGO IL 60673-0000

(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?
16	THIRD PARTY ADMINISTRATO	31,220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAFHOUSE FINANCIAL ADVISORS LLC 26-4311657
6504 BRIDGEPOINT PARKWAY
SUITE 450
AUSTIN TX 78730

(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?
28	FINANCIAL ADVISOR	6,988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARK AVENUE SECURITIES LLC	33	27,872

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
Park Avenue Securities LLC 82-3719843 10 Hudson Yards New York NY 10001-0000	Per schedule.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.		D Employer Identification Number (EIN) 26-2136244
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD DEVL MARKET INDEX		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91,239
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF LFCYCIND 2030 INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317
a Name of MTIA, CCT, PSA, or 103-12 IE: AMBEN INTL EQ R5		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,367
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK TTL RTN K		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5,429
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LGCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,508
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT 2060		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,403
a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31,724
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO EMRGMKT**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	272
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP GR INDX ADML**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	178,815
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12,058
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a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33,706
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK RUSS MIDCAP IDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,433
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a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30,944
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDMS2050 I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,627,564
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP GR INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	119,905
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP VAL INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60,901
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP VAL INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	133,173
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a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV LBLGTNS PRMR**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	153,703
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HI YLD BD PORT K**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,816
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a Name of MTIA, CCT, PSA, or 103-12 IE: COL SEL LGCAP GR INST2**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	919
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59,587
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR INTL GR INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	943
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCOCOMDYREALRTNSTRATINST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,650
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS GR FD AM R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8,106
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDNS2055 I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	352,214
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MID-CAP IDX FD AS**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76,306
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,887
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34,440
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23,097
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID TTL MKT IDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	461
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,759
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDNS2030 I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,055,323
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD HI YLD CORP ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25,756
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL BND MKT IDX ADM**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	212,326
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK STRAT INC OPFR I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	444
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MDCAP I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17,476
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a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GQGPTNRINTLOPPR R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34,262
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a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9,589
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a Name of MTIA, CCT, PSA, or 103-12 IE: AM CENT TGT RET 2065**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37,696
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDINS2040 I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257,718
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT RTRMNRDINS2045 I**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,527,598
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD GR INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	533,565
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INFL PRTCT SEC ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,870
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTL BD IDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	239
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a Name of MTIA, CCT, PSA, or 103-12 IE: NW FXD SEL OPTN**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50,811
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK SP 500 IDX**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2,804
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18,608
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a Name of MTIA, CCT, PSA, or 103-12 IE:AMCENT RTRMNRDNS2035 1**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,693,195
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a Name of MTIA, CCT, PSA, or 103-12 IE:AMCENT RTRMNRDNS2060 1**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	341,227
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a Name of MTIA, CCT, PSA, or 103-12 IE:AMCENT RTRMNRDNSRTRMNT I**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	278,064
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a Name of MTIA, CCT, PSA, or 103-12 IE:VNGRD EMRG MKT STK INDX ADM1**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57,987
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a Name of MTIA, CCT, PSA, or 103-12 IE:VNGRD TGT RET 2055**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,403
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a Name of MTIA, CCT, PSA, or 103-12 IE:VNGRD EXPLR ADML**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10,185
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a Name of MTIA, CCT, PSA, or 103-12 IE:DFA US TRGT VAL INST**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,115
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a Name of MTIA, CCT, PSA, or 103-12 IE:AB GLBL BD I**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11,014
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a Name of MTIA, CCT, PSA, or 103-12 IE:AMCENT RTRMNRDNS2025 I**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,776,319
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a Name of MTIA, CCT, PSA, or 103-12 IE:VNGRD 500 INDEX FD AS**b** Name of sponsor of entity listed in (a):NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,276,436
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD REALEST INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44,044
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	136,706
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD VAL INDX ADM1**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	69,464
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMRG MKT COR EQ INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28,702
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GLBL REALEST SEC INST**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	650
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28,082
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MIDCAP GR**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16,921
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2050 TRGTDTRTRMT R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,707
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26,586
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP JPN**b** Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-1592130 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9,326
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		

A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.		
		D Employer Identification Number (EIN) 26-2136244

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	9,972	10,985
(2) Participant contributions.....	1b(2)	30,119	36,748
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	338,749	249,938
(9) Value of interest in common/collective trusts.....	1c(9)	129,148	153,703
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13,520,445	14,506,347
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	52,314	50,811
(15) Other	1c(15)		

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	14,080,747	15,008,532
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14,080,747	15,008,532

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	469,983	
(B) Participants.....	2a(1)(B)	1,600,378	
(C) Others (including rollovers).....	2a(1)(C)	76,538	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2,146,899
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	12,167	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12,167
(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)		
(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)		1,953,259
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4,112,325

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3,160,635	
(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)		3,160,635
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	23,905	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		23,905
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3,184,540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		927,785
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: SINGERLEWAK LLP

(2) EIN: 95-2302617

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AGENDIA, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENDIA, INC.		D Employer Identification Number (EIN) 26-2136244
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230728		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year 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.....	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06/30/2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702814a</u> .	

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Collective investment trust			
	Federated	Government Obligations Fund Premier	\$ 153,703
Guaranteed investment contract			
*	Nationwide	Fixed Select Contract	50,811
Funds in registered investment companies			
	American Beacon	Global Bond I Fund	11,014
	American Century	American Century Retirement Date 2025	1,776,319
	American Century	American Century Retirement Date 2030	1,055,323
	American Century	American Century Retirement Date 2035	1,693,195
	American Century	American Century Retirement Date 2040	2,257,718
	American Century	American Century Retirement Date 2045	1,527,598
	American Century	American Century Retirement Date 2050	1,627,564
	American Century	American Century Retirement Date 2055	352,214
	American Century	American Century Retirement Date 2060	341,227
	American Century	American Century Retirement Date 2065	37,696
	American Century	Amcent Rtrmtrdnrtmmt I	278,064
	American Funds	American Funds 2050 Target Date Retirement Fund	7,707
	American Funds	American Funds Growth Fund of America	8,106
	BlackRock	BlackRock High Yield Bond K	15,816
	BlackRock	Blkrk Is S P 500 Indx K +	2,804
	BlackRock	Blkrk Isrssll Mdcapindx K +	1,433
	BlackRock	BlackRock Strategic Income Opps Instl	444
	BlackRock	BlackRock Total Return K	5,429
	Columbia	Columbia Select Large Cap Growth Inst	919
	Delaware	Delaware Ivy Emrgmktclcrmbd I	28,702
	DFA	DFA Emerging Markets Core Equity I	650
	DFA	DFA Global Real Estate Securities	1,508
	DFA	DFA U.S. Large Cap Value Portfolio Institutional Class	1,115
	DFA	DFA U.S. Targeted Value Fund	17,476
	Diamond Hill	Diamond Hill Mid Cap I	33,706
	Fidelity Funds	Fed Hrms Gov Oblgtns Pmr	59,587
	Fidelity Funds	Fidelity 500 Index	34,440
	Fidelity Funds	Fidelity International Index Fund	461
	Fidelity Funds	Fidelity US Bond Index	23,097
	Goldman Sachs	Goldman Sachs GQG tnrs Intl Opps R6	34,262
	Harbor	Harbor International Growth Instl	944
	JP Morgan	JPMorgan Equity Income Fund	28,082
	JP Morgan	JPMorgan Large Cap Gr R6	26,586
	JP Morgan	Mfs Mdcap Gr R6	16,921
*	Nationwide	Nationwide Loomis All Cap Growth Fund	31,724
	PGIM	PGIM Total Return Bond R6	15,887
	PIMCO Funds	Pimco Emrgmktclcrmbd Inst +	272
	PIMCO Funds	PIMCO Real Return Fund Institutional Class	12,058
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Inst	15,650
	Principal	Principal Global Real Estate Sec R6	18,608
	TIAA Investments	Lifecycle 2030 Retirement Fund	317
	TIAA Investments	Trowepr Jpn +	9,326
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	1,276,436
	The Vanguard Group	Vanguard Developed Markets Index Fund Admiral Shares	91,239
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund Investor Shares	57,987
	The Vanguard Group	Vanguard Explorer Fund Admiral Shares	10,185
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares	533,565
	The Vanguard Group	Vanguard High-Yield Corporate Fund Admiral Shares	25,756
	The Vanguard Group	Vanguard Inflation-Protected Securities Fund Admiral Shares	15,870
	The Vanguard Group	Vanguard Mid-Cap Growth Index Fund Admiral Shares	119,905

See Independent Auditor's Report.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Funds in registered investment companies (Continued)			
	The Vanguard Group	Vanguard Mid-Cap Value Index Fund	60,901
	The Vanguard Group	Vanguard Mid-Cap Index Fund	76,306
	The Vanguard Group	Vanguard Real Estate Index Fund Admiral Shares	44,044
	The Vanguard Group	Vanguard Small-Cap Index Fund Admiral Shares	136,706
	The Vanguard Group	Vanguard Small-Cap Growth Index Fund Admiral Shares	178,815
	The Vanguard Group	Vanguard Small-Cap Value Index Fund Admiral Shares	133,173
	The Vanguard Group	Vngrd Trgt Rtrmt 2055 Inv +	1,403
	The Vanguard Group	Vngrd Trgt Rtrmt 2060 Inv +	1,403
	The Vanguard Group	Vanguard Total Bond Market Index Fund Admiral Share	212,326
	The Vanguard Group	Vanguard Total International Bond Index Fund Admiral Shares	239
	The Vanguard Group	Vanguard Small Market Index Fund	6,759
	The Vanguard Group	Vanguard Value Index Fund Admiral Shares	69,460
	American Beacon International	American Beacon International Equity Fund - Class R5 +	1,367
	Avantis	Avantis U.S. Small Cap Value Fund - Institutional Class	9,589
	Avantis	Avantis U.S. Large Cap Value Fund	30,944
	Total registered investment companies		<u>14,506,347</u>
	Total investments held		14,710,861
*	Notes Receivable from participants	(Interest rate of 3.25% – 8.50%, collateralized by participant investments maturing through September 2042)	<u>249,938</u>
	Total		<u>14,960,799</u>
	* Denotes party-in-interest		

See Independent Auditor's Report.

AGENDIA, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL REPORT
DECEMBER 31, 2023

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees
Agendia, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Agendia, 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 plan benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2023, 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) 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, 2023 and 2022, and for the year ended December 31, 2023, 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 U.S. GAAP.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Singer Lewak LLP

October 4, 2024

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31,

ASSETS

	<u>2023</u>	<u>2022</u>
Investments		
Registered investment companies, at fair value	\$ 14,506,347	\$ 13,520,445
Collective investment trust, at fair value	153,703	129,148
Guaranteed investment contract, at contract value	<u>50,811</u>	<u>52,314</u>
 Total investments	 <u>14,710,861</u>	 <u>13,701,907</u>
 Receivables		
Participant contributions	36,748	30,119
Employer contributions	10,985	9,972
Notes receivable from participants	<u>249,938</u>	<u>338,749</u>
 Total receivables	 <u>297,671</u>	 <u>378,840</u>
 Net assets available for plan benefits	 <u>\$ 15,008,532</u>	 <u>\$ 14,080,747</u>

See notes to financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2023

Additions to net assets attributed to

Investment income	
Net appreciation in fair value of investments	\$ 1,883,387
Dividend and interest income	<u>69,872</u>
Net investment income	<u>1,953,259</u>
Interest income on loans from participants	<u>12,167</u>
Contributions	
Participants'	1,600,378
Employer's	469,983
Rollovers	<u>76,538</u>
Total contributions	<u>2,146,899</u>
Total additions	<u>4,112,325</u>

Deductions from net assets attributed to

Benefits paid to participants	3,160,635
Administrative expenses	<u>23,905</u>
Total deductions	<u>3,184,540</u>

Net increase in net assets	927,785
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Net assets available for plan benefits, beginning of year	<u>14,080,747</u>
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Net assets available for plan benefits, end of year	<u>\$ 15,008,532</u>
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See notes to financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Agendia, Inc. 401(k) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was adopted in January 2008 as a voluntary employee contribution plan for the benefit of employees of Agendia, Inc. (the “Employer”).

The Plan is a defined-contribution plan established by the Employer under the provision of Section 401(k) of the Internal Revenue Code (IRC). The Plan is administered by the management of the Employer and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration

The Plan’s custodian and recordkeeper is Nationwide Retirement Plan Company (the “Custodian”). The Custodian holds the assets of the Plan and executes investment transactions, makes payments as directed by the Plan participants, and provides record keeping and other functions, as defined. Nationwide Trust Company (the “Trustee”) is responsible for the custody and management of the Plan’s assets. The Plan is administered by an Administrative Committee appointed by the Board of Directors and the Employer, which is responsible for oversight of the Plan, including determine the appropriateness of the Plan’s investment offerings and monitoring investment performance.

Eligibility

The Plan covers all employees of the Employer age twenty-one (21) or over. Employees are eligible to enter the Plan on the first payroll period following the attainment of the age eligibility requirement.

Contributions

Each year, participants may defer pretax and/or post-tax contributions not to exceed elective deferral limits imposed by the Internal Revenue Service (IRS), as defined by the Plan. Participants who have attained age fifty (50) before the end of the plan year are eligible to contribute additional catch-up contributions. Participants may also roll over amounts representing distributions from other qualified defined-benefit or contribution plans. Contributions are subject to certain limitations, as defined in the Plan.

The Employer makes matching contributions to all participants who are currently contributing to the Plan in the amount of 50% of the first 6% of base compensation that a participant contributes to the Plan. The Employer may also make non-elective profit sharing contributions to all participants who are currently enrolled in the Plan. For the year ended December 31, 2023, the Employer made no non-elective profit sharing contributions.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Benefit Payments

Upon normal retirement, retirement due to permanent disability, death, termination, or participants or the participants' beneficiaries are eligible to receive their vested interest in funds either in the form of payments beginning at age 70 ½ or in a lump-sum payment. The Plan may elect to make a mandatory distribution of account balance that are \$5,000 or less.

Financial Hardship Distributions

The Plan allows for hardship withdrawals in accordance with IRS regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

Participant Accounts

Each participant's account is credited with the respective participant's contribution and allocations of the Employer's matching contributions and nonelective profit sharing contributions and Plan earnings and charged with an allocation of administrative expenses to the extent that were not paid by the Employer. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary deferral contributions, plus actual earnings thereon. Vesting of Employer discretionary elective matching contribution, non-elective profit sharing contributions, and earnings thereon are based upon the participant's years of service with the Employer as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0%
1 – 2	30%
2 – 3	60%
more than 3	100%

Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time throughout the year via the internet website or by using the automated telephone system offered by the custodian.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Participants' accounts are forfeited if any Employer contribution portion has not fully vested at the time of withdrawal. These amounts can be utilized by the Employer to offset administrative expenses of the Plan, with any remaining forfeitures to be used to reduce Employer matching contributions otherwise payable to the Plan. As of December 31, 2023 and 2022, forfeited non-vested accounts totaled \$50,565 and \$64,490, respectively. For the year ended December 31, 2023, the Plan used \$32,438 of forfeited amounts to cover administrative expenses and reduce Employer matching contributions.

Notes Receivable from Participants

Participants may borrow from their current account balances a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balances, or \$50,000. The maximum loan amount will be reduced by the participant's highest outstanding loan balance in the previous 12 months even if amounts have been repaid. Participants are permitted to have no more than two (2) loans outstanding at any point in time. During December 31, 2023 and 2022, the loans are secured by the balance in the participant's account and bear interest ranging between 3.25% and 8.50%, which is commensurate with local prevailing rates as determined by the Plan Administrator. Loan terms are specified for each loan with maturities through September 2042. Loans must be repaid within a five-year (5-year) period, unless the loan is used to purchase a principal residence. Principal and interest are paid ratably through biweekly payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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 net assets available for plan benefits and changes therein and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Loans from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments in registered investment companies and the collective investment trust 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. See Note 4 for a discussion of fair value measurements. The Plan's investment in the guaranteed investment contract is reported at contract value (see Note 5).

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

Management fees and operating expenses charged to the Plan for its investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for applicable investments.

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

The Employer pays certain Plan expenses. These expenses are excluded from these financial statements. Plan expenses not paid by the Employer, will be charged on a pro-rata basis to the value of the participants' account balances.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan's management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Retirement Plan Company, the Custodian of the Plan, has certified to the completeness and accuracy of all investments and loans from participants reflected in the accompanying statements of net assets available for plan benefits as of December 31, 2023 and 2022; and supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023; the related investment activity and interest income on notes from participants reflected in the statement of changes in net assets available for plan benefits for the year ended December 31, 2023.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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's 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.

There has been no change in the methodologies used at December 31, 2023 and 2022.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

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

Collective investment trust: Valued at the net asset value (NAV) of the underlying assets of the funds. The collective investment trust invests in traditional guaranteed investment contracts, separate account guaranteed investment contracts, synthetic guaranteed investment contracts, and money market instruments. The collective investment trusts have daily redemption frequencies, no redemption period or restrictions, and no unfunded commitments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Total assets in the fair value Hierarchy				
Registered investment companies	\$ 14,506,347	\$ -	\$ -	\$ 14,506,347
Investments measured at NAV (practical expedient) (a)				153,703
Total				<u>\$ 14,660,050</u>

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Total assets in the fair value Hierarchy				
Registered investment companies	\$ 13,520,445	\$ -	\$ -	\$ 13,520,445
Investments measured at NAV (practical expedient) (a)				129,148
Total				<u>\$ 13,649,593</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) 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 statement of net assets available for plan benefits.

NOTE 5 – GUARANTEED INVESTMENT CONTRACT

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (National Life Insurance). Nationwide Life Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Crediting interest rate on the account as of December 31, 2023 and 2022 was 5.00% and 3.10%, respectively.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 – GUARANTEED INVESTMENT CONTRACT (Continued)

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

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Employer or other Employer events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan adopted a volume submitter form of a prototype plan. The prototype volume submitter plan has received an opinion letter from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan Administrator believes the amendments to the original Plan document will not affect the Plan's favorable tax status and that the Plan remains in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS (Continued)

U.S. GAAP require Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and notes receivable from participants and the related interest income are managed by the Custodian of the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer, by action of its Plan Administration, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, further contributions to the Plan shall cease, and all participants who are affected by such termination would become fully vested and receive distributions of their account balances. Net assets available for plan benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 9 – RISK AND UNCERTAINTIES

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investments are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 plan benefits and the statement of changes in net assets available for plan benefits.

NOTE 10 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 4, 2024, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Collective investment trust			
	Federated	Government Obligations Fund Premier	\$ 153,703
Guaranteed investment contract			
*	Nationwide	Fixed Select Contract	50,811
Funds in registered investment companies			
	American Beacon	Global Bond I Fund	11,014
	American Century	American Century Retirement Date 2025	1,776,319
	American Century	American Century Retirement Date 2030	1,055,323
	American Century	American Century Retirement Date 2035	1,693,195
	American Century	American Century Retirement Date 2040	2,257,718
	American Century	American Century Retirement Date 2045	1,527,598
	American Century	American Century Retirement Date 2050	1,627,564
	American Century	American Century Retirement Date 2055	352,214
	American Century	American Century Retirement Date 2060	341,227
	American Century	American Century Retirement Date 2065	37,696
	American Century	Amcent Rtrmtrdnrtmmt I	278,064
	American Funds	American Funds 2050 Target Date Retirement Fund	7,707
	American Funds	American Funds Growth Fund of America	8,106
	BlackRock	BlackRock High Yield Bond K	15,816
	BlackRock	Blkrk Is S P 500 Indx K +	2,804
	BlackRock	Blkrk Isrssll Mdcapindx K +	1,433
	BlackRock	BlackRock Strategic Income Opps Instl	444
	BlackRock	BlackRock Total Return K	5,429
	Columbia	Columbia Select Large Cap Growth Inst	919
	Delaware	Delaware Ivy Emrgmktclcrndbt I	28,702
	DFA	DFA Emerging Markets Core Equity I	650
	DFA	DFA Global Real Estate Securities	1,508
	DFA	DFA U.S. Large Cap Value Portfolio Institutional Class	1,115
	DFA	DFA U.S. Targeted Value Fund	17,476
	Diamond Hill	Diamond Hill Mid Cap I	33,706
	Fidelity Funds	Fed Hrms Gov Oblgtns Pmr	59,587
	Fidelity Funds	Fidelity 500 Index	34,440
	Fidelity Funds	Fidelity International Index Fund	461
	Fidelity Funds	Fidelity US Bond Index	23,097
	Goldman Sachs	Goldman Sachs GQG tnrs Intl Opps R6	34,262
	Harbor	Harbor International Growth Instl	944
	JP Morgan	JPMorgan Equity Income Fund	28,082
	JP Morgan	JPMorgan Large Cap Gr R6	26,586
	JP Morgan	Mfs Mdcap Gr R6	16,921
*	Nationwide	Nationwide Loomis All Cap Growth Fund	31,724
	PGIM	PGIM Total Return Bond R6	15,887
	PIMCO Funds	Pimco Emrgmktclcrnbd Inst +	272
	PIMCO Funds	PIMCO Real Return Fund Institutional Class	12,058
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Inst	15,650
	Principal	Principal Global Real Estate Sec R6	18,608
	TIAA Investments	Lifecycle 2030 Retirement Fund	317
	TIAA Investments	Trowepr Jpn +	9,326
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	1,276,436
	The Vanguard Group	Vanguard Developed Markets Index Fund Admiral Shares	91,239
	The Vanguard Group	Vanguard Emerging Markets Stock Index Fund Investor Shares	57,987
	The Vanguard Group	Vanguard Explorer Fund Admiral Shares	10,185
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares	533,565
	The Vanguard Group	Vanguard High-Yield Corporate Fund Admiral Shares	25,756
	The Vanguard Group	Vanguard Inflation-Protected Securities Fund Admiral Shares	15,870
	The Vanguard Group	Vanguard Mid-Cap Growth Index Fund Admiral Shares	119,905

See Independent Auditor's Report.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Current value
Funds in registered investment companies (Continued)			
	The Vanguard Group	Vanguard Mid-Cap Value Index Fund	60,901
	The Vanguard Group	Vanguard Mid-Cap Index Fund	76,306
	The Vanguard Group	Vanguard Real Estate Index Fund Admiral Shares	44,044
	The Vanguard Group	Vanguard Small-Cap Index Fund Admiral Shares	136,706
	The Vanguard Group	Vanguard Small-Cap Growth Index Fund Admiral Shares	178,815
	The Vanguard Group	Vanguard Small-Cap Value Index Fund Admiral Shares	133,173
	The Vanguard Group	Vngrd Trgt Rtrmt 2055 Inv +	1,403
	The Vanguard Group	Vngrd Trgt Rtrmt 2060 Inv +	1,403
	The Vanguard Group	Vanguard Total Bond Market Index Fund Admiral Share	212,326
	The Vanguard Group	Vanguard Total International Bond Index Fund Admiral Shares	239
	The Vanguard Group	Vanguard Small Market Index Fund	6,759
	The Vanguard Group	Vanguard Value Index Fund Admiral Shares	69,460
	American Beacon International	American Beacon International Equity Fund - Class R5 +	1,367
	Avantis	Avantis U.S. Small Cap Value Fund - Institutional Class	9,589
	Avantis	Avantis U.S. Large Cap Value Fund	30,944
	Total registered investment companies		<u>14,506,347</u>
	Total investments held		14,710,861
*	Notes Receivable from participants	(Interest rate of 3.25% – 8.50%, collateralized by participant investments maturing through September 2042)	<u>249,938</u>
	Total		<u>14,960,799</u>
	* Denotes party-in-interest		

See Independent Auditor's Report.

AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

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	Columbia	Columbia Select Large Cap Growth Inst	919
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	Harbor	Harbor International Growth Instl	944
	JP Morgan	JPMorgan Equity Income Fund	28,082
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	JP Morgan	Mfs Mdcap Gr R6	16,921
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AGENDIA, INC.
401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Plan Sponsor EIN #26-2136244
Plan number: 001

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