

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>BIOCOM</u></p> <p><u>9171 TOWNE CENTRE DR STE 500</u><br/><u>SAN DIEGO, CA 92122</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2012</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>80-0928329</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>858-455-0300</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>813000</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | MILLER KAPLAN ARASE LLP                                      |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |              |  |
|--|--------------|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BOARD OF TRUSTEES, BEYOND BENEFITS LIFE SCIENCE<br>ASSOCIATION TRUST PLAN<br>9171 TOWNE CENTRE DR STE 500<br>SAN DIEGO, CA 92122  |              | <b>3b</b> Administrator's EIN<br>80-0928329                |
|  |              | <b>3c</b> Administrator's telephone number<br>858-875-6584 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |              | <b>4b</b> EIN<br><br><b>4d</b> PN                          |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>     | 17637  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).   |              |  |
| <b>6a(1)</b> Total number of active participants at the beginning of the plan year .....   | <b>6a(1)</b> | 13670  |
| <b>6a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b> | 13847  |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 205  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 0  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 14052  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    |  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 14052  |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> |  |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> |  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b>    |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....   | <b>7</b>     | 240  |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F 4H 4L 4T

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input type="checkbox"/> Trust                                      |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

|   |  |   |  |
|---|--|---|--|
| <b>a Pension Schedules</b>  |  | <b>b General Schedules</b>  |  |
| (1) <input type="checkbox"/> R (Retirement Plan Information)  |  | (1) <input checked="" type="checkbox"/> H (Financial Information)                             |  |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |  | (2) <input type="checkbox"/> I (Financial Information – Small Plan)                           |  |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               |  | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>11</u> |  |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____  |  | (4) <input checked="" type="checkbox"/> C (Service Provider Information)                      |  |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)  |  | (5) <input type="checkbox"/> D (DFE/Participating Plan Information)                           |  |
|   |  | (6) <input type="checkbox"/> G (Financial Transaction Schedules)                              |  |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 157095315

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BIOCOM</b></p>      | <p><b>D</b> Employer Identification Number (EIN)<br/><b>80-0928329</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ANTHEM BLUE CROSS OF CALIFORNIA**

| (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     |
| 95-4331852 | 62825         | 276923                                | 26004   | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|   | <b>474405</b>                        |

**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  
**MARSH & MCLENNAN AGENCY** PO BOX 350  
CONSHOCKEN, PA 19428

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
|   | 474405                          | ADDITIONAL COMPENSATION | 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |           |
|----------|--|------------|-----------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 260392386 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |           |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      |  | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**VISION SERVICE PLAN**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>94-1632821</b> | <b>00000</b>         | <b>30029652</b>                              | <b>8835</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

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

**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

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 1527899 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |         |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF CALIFORNIA**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>94-1461312</b> | <b>00000</b>         | <b>15714</b>                                 | <b>2752</b>  | <b>01/02/2024</b>              | <b>12/31/2024</b> |

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

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

**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

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|  |   |              |   |
|--|---|--------------|---|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>   |              | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>  |              |   |
|  | <b>7c(2)</b>  |              |   |
|  | <b>7c(3)</b>  |              |   |
|  | <b>7c(4)</b>  |              |   |
|  | <b>7c(5)</b>  |              |   |
| (6) Total additions .....  | <b>7c(6)</b>  |              | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>   |              |   |
| <b>e</b> Deductions:   |   |              |   |
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |   |
|  | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |   |
|  | (3) Transferred to separate account .....                                 | <b>7e(3)</b> |   |
|  | (4) Other (specify below) .....   | <b>7e(4)</b> |   |
| (5) Total deductions .....   | <b>7e(5)</b>  |              | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>   |              | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 1856878 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF CALIFORNIA**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>94-1461312</b> | <b>00000</b>         | <b>76652</b>                                 | <b>2</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

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

**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

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

|   |                            |              |   |
|---|----------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  |              | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |              |   |
|   | <b>7c(2)</b>               |              |   |
|   | <b>7c(3)</b>               |              |   |
|   | <b>7c(4)</b>               |              |   |
|   | <b>7c(5)</b>               |              |   |
| (6) Total additions .....   | <b>7c(6)</b>               |              | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |              |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |              |   |
|   | <b>7e(2)</b>               |              |   |
|   | <b>7e(3)</b>               |              |   |
|   | <b>7e(4)</b>               |              |   |
|   | (5) Total deductions ..... | <b>7e(5)</b> |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  |              | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |     |
|----------|--|------------|-----|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 359 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |     |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BIOCOM</b></p>      | <p><b>D</b> Employer Identification Number (EIN)<br/><b>80-0928329</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF CALIFORNIA**

| (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     |
| 94-1461312 | 00000         | 76653                                 | 2   | 01/01/2024              | 12/31/2024 |

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

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

**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

| (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 |                       |
|   |                                 |             |                       |

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |     |
|----------|--|------------|-----|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 714 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |     |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BIOCOM</b></p>      | <p><b>D</b> Employer Identification Number (EIN)<br/><b>80-0928329</b></p> |  |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**UNUM LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 01-0278678 | 62235         | 417910                                | 6356  | 01/01/2024              | 12/31/2024 |

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

|  |   |
|--|---|
| <p>(a) Total amount of commissions paid<br/><b>30066</b></p> | <p>(b) Total amount of fees paid<br/><b>60131</b></p> |
|--|---|

**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  
**PLANSOURCE BENEFIT ADMINISTRATION PO BOX 1313 ORLANDO, FL 32802**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 30066   |                                 |             | 5                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MARSH AND MCLENNAN AGENCY 9171 TOWNE CENTRE STE 500 SAN DIEGO, CA 92122**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
|   | 60131                           | ADDITIONAL COMPENSATION | 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 |                       |
|   |                                 |             |                       |

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

**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) ▶ **LIFESTYLE ADD, LIFESTYLE LIFE**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 3006550 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |         |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>04-2381280</b> | <b>67601</b>         | <b>916829</b>                                | <b>1464</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br><b>14719</b> | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**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

**MARSH & MCLENNAN AGENCY LLC** **9171 TOWNE CENTRE DR STE 500**  
**SAN DIEGO, CA 92122**

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| <b>14719</b>   |  |                    | <b>3</b>                     |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

**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) **▶ HOSPITAL EE PAID**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 418358 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |        |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      |  | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ANTHEM LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>35-0980405</b> | <b>61069</b>         | <b>276923</b>                                | <b>18000</b>   | <b>01/01/2024</b>              | <b>03/31/2024</b> |

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

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

**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

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 702764 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |        |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BIOCOM</b></p>      | <p><b>D</b> Employer Identification Number (EIN)<br/><b>80-0928329</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM 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     |
| 04-2381280 | 67601         | 476739                                | 4289  | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|   | <b>21975</b>                         |

**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  
**MARSH AND MCLENNAN AGENCY** **9171 TOWNE CENTRE STE 500**  
**SAN DIEGO, CA 92122**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
|   | 21975                           | ADDITIONAL COMPENSATION | 5                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

**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) ▶ **ATTAINED AGE CRITICAL ILLNESS**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 1098760 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>BIOCOM</b></p>      | <p><b>D</b> Employer Identification Number (EIN)<br/><b>80-0928329</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM 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     |
| 04-2381280 | 67601         | 476740                                | 3540  | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|   | <b>23723</b>                         |

**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  
**MARSH & MCLENNAN AGENCY LLC** **9171 TOWNE CENTRE STE 500**  
**SAN DIEGO, CA 92122**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
|   | 23723                           | ADDITIONAL COMPENSATION | 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

**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) ▶ **GRP ACCIDENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 692594 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**STANDARD INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>35-0980405</b> | <b>61069</b>         | <b>276923</b>                                | <b>21122</b>   | <b>04/01/2024</b>              | <b>12/31/2024</b> |

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

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

**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

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

|  |                           |              |           |   |
|--|---------------------------|--------------|-----------|---|
| <b>b</b> Balance at the end of the previous year .....   |                           |              | <b>7b</b> |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |           |   |
|  | <b>7c(2)</b>              |              |           |   |
|  | <b>7c(3)</b>              |              |           |   |
|  | <b>7c(4)</b>              |              |           |   |
|  | <b>7c(5)</b>              |              |           |   |
|  | (6) Total additions ..... |              |           |   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  |                           |              | <b>7d</b> |   |
| <b>e</b> Deductions:   |                           |              |           |   |
|  | <b>7e(1)</b>              |              |           |   |
|  | <b>7e(2)</b>              |              |           |   |
|  | <b>7e(3)</b>              |              |           |   |
|  | <b>7e(4)</b>              |              |           |   |
| (5) Total deductions .....   |                           | <b>7e(5)</b> | 0         |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... |                           |              | <b>7f</b> | 0 |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 6751687 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |         |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |            |

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

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

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

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

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

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

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

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

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

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

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

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

MARSH & MCLENNAN AGENCY LLC

9171 TOWNE CENTRE DR STE 500  
SAN DIEGO, CA 92122

| (b)<br>Service Code(s)                    | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|--|--|--|---|--|
| 22 23 15 16<br>10 11 13 14<br>50 53 38 70 | NONE  | 17207927   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 565396  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

THE WAGNER LAW GROUP

8677 VILLA LA JOLLA DR #888  
SAN DIEGO, CA 92037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 60000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

IGOE & COMPANY INCORPORATED

15090 AVENUE OF SCIENCE STE 201  
SAN DIEGO, CA 92128

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 124732   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

MILLER KAPLAN ARASE LLP

95-2936255

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 32500  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PAYDEN & RYGEL

95-3921788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52 51 28               | NONE  | 80976  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>BEYOND BENEFITS LIFE SCIENCE ASSOCIATION TRUST PLAN</b>                      | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BIOCOM</b>                           | <b>D</b> Employer Identification Number (EIN)<br><b>80-0928329</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 1240278               | 1310382         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 26727090              | 27792051        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 40055144              | 47503491        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| 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    | 68022512              | 76605924        |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    | 23888149              | 25517718        |
| h Operating payables.....   | 1h    | 152297                | 153958          |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    | 1530612               | 1953913         |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 25571058              | 27625589        |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 42451454              | 48980335        |

**Part II Income and Expense Statement**

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

| Income   |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 302810154  |           |
| (B) Participants.....  | 2a(1)(B) | 5208028    |           |
| (C) Others (including rollovers).....  | 2a(1)(C) |            |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 308018182 |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 1442049    |           |
| (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) |            |           |
| (F) Other.....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 1442049   |
| (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) | 1517052    |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 1517052   |
| (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 .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1687133   |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 312664416 |

**Expenses**

|  |               |           |           |
|--|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |           |           |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 288588111 |           |
| (3) Other.....   | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |           | 288588111 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense.....   | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:  |               |           |           |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 2400182   |           |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  | 32500     |           |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 80976     |           |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....   | <b>2i(8)</b>  | 60000     |           |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |           |           |
| (11) Other expenses.....   | <b>2i(11)</b> | 14973766  |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |           | 17547424  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |           | 306135535 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6528881 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

**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 |
|--|-----|----|--------|
| <b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Beyond Benefits Life Science Association Trust  
9171 Towne Center Drive, Suite 500  
San Diego, California 92122

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of Beyond Benefits Life Science Association Trust (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Trust 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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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.

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

San Francisco, California

October 10, 2025

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| <b>ASSETS</b>   | <u>December 31, 2024</u> | <u>December 31, 2023</u> |
|---|--------------------------|--------------------------|
| Investments, at Fair Value  | \$ 75,295,542            | \$ 66,782,234            |
| Employer Contributions Receivable   | <u>1,310,382</u>         | <u>1,240,278</u>         |
| <b>TOTAL ASSETS</b>   | <u>76,605,924</u>        | <u>68,022,512</u>        |
| <br><b>LIABILITIES</b>  |                          |                          |
| Deferred Contribution Revenue   | 1,953,913                | 1,530,612                |
| Due to Trust Administrator (Note 6)   | <u>153,958</u>           | <u>152,297</u>           |
| <b>TOTAL LIABILITIES</b>  | <u>2,107,871</u>         | <u>1,682,909</u>         |
| <br>NET ASSETS AVAILABLE FOR BENEFITS                                       | <br>74,498,053           | <br>66,339,603           |
| <br>MEMORANDUM  |                          |                          |
| Benefit Obligations   | <u>25,517,718</u>        | <u>23,888,149</u>        |
| <br>Excess of Net Assets Available for<br>Benefits Over Benefit Obligations | <br><u>\$ 48,980,335</u> | <br><u>\$ 42,451,454</u> |

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                    | January 1, 2024<br>to<br>December 31, 2024 | January 1, 2023<br>to<br>December 31, 2023 |
|------------------------------------|--|--|
| <b>ADDITIONS</b>                   |  |  |
| CONTRIBUTIONS                      |  |  |
| Employer Contributions             | \$ 302,810,154                             | \$ 306,134,572                             |
| COBRA Contributions                | 5,208,028                                  | 4,212,732                                  |
| TOTAL CONTRIBUTIONS                | 308,018,182                                | 310,347,304                                |
| INVESTMENT INCOME                  |  |  |
| Net Appreciation of Investments    | 1,687,133                                  | 2,514,772                                  |
| Interest and Dividends             | 2,959,101                                  | 1,134,670                                  |
| Less: Investment Expenses          | (80,976)                                   | (64,629)                                   |
| NET INVESTMENT INCOME              | 4,565,258                                  | 3,584,813                                  |
| TOTAL ADDITIONS                    | 312,583,440                                | 313,932,117                                |
| <b>DEDUCTIONS</b>                  |  |  |
| PREMIUMS PAID                      | 286,958,542                                | 288,022,238                                |
| ADMINISTRATIVE EXPENSES            |  |  |
| Brokerage Fees                     | 14,932,477                                 | 15,430,087                                 |
| Administration and Consulting Fees | 2,275,450                                  | 2,126,702                                  |
| COBRA Administration Fees          | 124,732                                    | 147,928                                    |
| Legal Fees                         | 60,000                                     | 45,589                                     |
| Audit Fees                         | 32,500                                     | 37,413                                     |
| Insurance                          | 32,934                                     | 31,804                                     |
| Miscellaneous                      | 8,355                                      | 1,023                                      |
| TOTAL ADMINISTRATIVE EXPENSES      | 17,466,448                                 | 17,820,546                                 |
| TOTAL DEDUCTIONS                   | 304,424,990                                | 305,842,784                                |
| NET INCREASE FOR THE YEAR          | 8,158,450                                  | 8,089,333                                  |
| NET ASSETS AVAILABLE FOR BENEFITS  |  |  |
| Balance, Beginning of Year         | 66,339,603                                 | 58,250,270                                 |
| Balance, End of Year               | \$ 74,498,053                              | \$ 66,339,603                              |

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
STATEMENTS OF BENEFITS OBLIGATIONS AND CHANGES IN BENEFIT OBLIGATIONS

|   | January 1, 2024<br>to<br>December 31, 2024 | January 1, 2023<br>to<br>December 31, 2023 |
|---|--|--|
| AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS |  |  |
| Benefit Obligations - Premiums Payable at Beginning of Year                             | \$ 23,888,149                              | \$ 24,697,342                              |
| Premiums for Participants Eligible for Coverage During the Year                         | 288,588,111                                | 287,213,045                                |
| Premiums Paid   | (286,958,542)                              | (288,022,238)                              |
| Benefit Obligations - Premiums Payable at End of Year                                   | \$ 25,517,718                              | \$ 23,888,149                              |

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
NOTES TO THE FINANCIAL STATEMENT  
DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF THE TRUST**

The following description of the Beyond Benefits Life Science Association Trust (the "Trust") provides only general information. Participants should refer to the Trust document for a more complete description of the Trust's provisions.

The Trust was established by Biocom (hereinafter "Signatory Association") and Bay Area Bioscience Association ("BayBio") in 2011, pursuant to the Trust Agreement governing the Trust for the purpose of offering a welfare benefit plan for employer members of the Signatory Association.

BayBio merged with another life science employer trade association and withdrew from the Trust effective September 30, 2015.

The Trust is a multiple employer welfare benefit plan established to provide an entity to which contributions from participating employers and employees can be paid, and through which the Trustees can create and administer one or more employee welfare benefit plans for the participating employers and employees on whose behalf the contributions have been paid, and their beneficiaries.

The Trust provides medical, vision, dental, prescription drug, Life, AD&D, short and long-term disability benefits to participants on whose behalf employers contribute to the Trust in accordance with their participation agreement. Employers contribute to the Trust on behalf of eligible employees based upon the terms of their participation agreement, for the purpose of providing benefits to their employees and beneficiaries.

The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

The financial statements of the Trust are recorded on the accrual basis of accounting.

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require the administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

**C. Income Taxes**

The Trust established under the Plan to hold the Trust's assets has not applied for tax exemption from California or the Internal Revenue Service, and is currently subject to income tax on its net investment income. The Trustees believe that the Trust does not have any net taxable income for the tax years ended December 31, 2024 and 2023 and, therefore, no tax liability is reflected in these financial statements.

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
NOTES TO THE FINANCIAL STATEMENT  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**C. Income Taxes (Continued)**

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**D. Investment Valuation and Income Recognition**

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the fund 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. Mutual funds and exchanged traded funds are stated at fair value based on quoted market prices. Investments, as shown on the Statement of Net Assets Available for Benefits, includes cash held at banks which are swept into interest bearing accounts. Cash includes all monies held at banks in interest bearing accounts. Cash is valued at fair value because of the short maturities of those financial instruments.

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
NOTES TO THE FINANCIAL STATEMENT  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**D. Investment Valuation and Income Recognition (Continued)**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust 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 tables summarize the Trust's investments at December 31 based on the inputs used to value them:

|   | 2024                 |                  |             |                      |
|---|----------------------|------------------|-------------|----------------------|
|   | Level 1              | Level 2          | Level 3     | Total                |
| Cash                                      | \$ 27,757,893        | \$ 34,158        | \$ -        | \$ 27,792,051        |
| Mutual Funds and Exchange<br>Traded Funds | 47,503,491           | -                | -           | 47,503,491           |
|   | <u>\$ 75,261,384</u> | <u>\$ 34,158</u> | <u>\$ -</u> | <u>\$ 75,295,542</u> |
|   | 2023                 |                  |             |                      |
|   | Level 1              | Level 2          | Level 3     | Total                |
| Cash                                      | \$ 26,725,522        | \$ 1,568         | \$ -        | \$ 26,727,090        |
| Mutual Funds and Exchange<br>Traded Funds | 40,055,144           | -                | -           | 40,055,144           |
|   | <u>\$ 66,780,666</u> | <u>\$ 1,568</u>  | <u>\$ -</u> | <u>\$ 66,782,234</u> |

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

**E. Deferred Contribution Revenue**

In December 2024 and 2023, certain employers paid their January 2025 and 2024 contributions resulting in deferred revenue.

**NOTE 3 - TRUST TERMINATION**

Although there is no intent to do so, the Trust agreement may be terminated at any time by action of the Trustees, provided that such action shall require thirty (30) days' advance written notice to the Signatory Association. In any event, this Trust Agreement shall be automatically terminated upon the expiration of all participation agreements or upon the cessation of participation by all participating associations. Upon termination, any monies remaining in the Trust after payment of expenses shall be used for the continuance of the benefits until such monies and assets have been exhausted. In no event shall any of the remaining monies or assets be paid or be recoverable by the participating employers.

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**  
NOTES TO THE FINANCIAL STATEMENT  
DECEMBER 31, 2024 AND 2023

**NOTE 4 - CONCENTRATION OF CREDIT RISK**

During the years ended December 31, 2024 and 2023, the Trust maintained a bank account with cash balances that at times exceeded the federally insured limit of \$250,000 per bank. The amount in excess of the limit was subject to risk if the financial institution did not perform. The Trust has not incurred any losses on the uninsured balances.

**NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|  | <u>December 31, 2024</u> | <u>December 31, 2023</u> |
|--|--------------------------|--------------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 74,498,053            | \$ 66,339,603            |
| Less: Plan's Total Benefit Obligations                         | <u>(25,517,718)</u>      | <u>(23,888,149)</u>      |
| Net Assets per the Form 5500                                   | <u>\$ 48,980,335</u>     | <u>\$ 42,451,454</u>     |

The following is a reconciliation of benefits paid per the financial statements to the Form 5500:

|   | <u>January 1, 2024<br/>to<br/>December 31, 2024</u> |
|---|---|
| Premiums Paid per the Financial Statements                  | \$ 286,958,542                                      |
| Add: Plan's Total Benefit Obligations at December 31, 2024  | 25,517,718  |
| Less: Plan's Total Benefit Obligations at December 31, 2023 | <u>(23,888,149)</u>                                 |
| Benefits Paid per the Form 5500                             | <u>\$ 288,588,111</u>                               |

Amounts currently payable to or for participants, dependents and beneficiaries are reported on the Form 5500 for premiums payable, for benefits earned prior to December 31, 2024, but not yet paid as of that date.

**NOTE 6 - RELATED PARTY TRANSACTIONS**

At December 31, 2024 and 2023, \$153,958 and 152,297, respectively, is due to Marsh and McLennan Insurance Agency, LLC, the Trust administrator, for the balance of 2024 and 2023 administrative fees.

**NOTE 7 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 10, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

SUPPLEMENTAL SCHEDULES REQUIRED  
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental  
Schedules Required by the Department of Labor

Board of Trustees  
Beyond Benefits Life Science Association Trust  
9171 Towne Center Drive, Suite 500  
San Diego, California 92122

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

San Francisco, California

October 10, 2025

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**

FORM 5500

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

E.I.N. 80-0928329; PLAN NO. 501

DECEMBER 31, 2024

| <u>No. of<br/>Shares</u> | <u>Mutual Funds and Exchange Traded Funds</u>             | <u>Fair<br/>Value</u> | <u>Cost</u>          |
|--------------------------|---|-----------------------|----------------------|
| 942,945                  | PAYDEN STRATEGIC INCOME INVESTOR                          | \$ 9,014,555          | \$ 9,294,314         |
| 154,485                  | SCHWAB S&P 500 INDEX                                      | 13,945,390            | 10,694,165           |
| 5,681                    | INVESCO NASDAQ 100 ETF                                    | 1,195,643             | 861,917              |
| 13,592                   | ISHARES CORE S&P MID CAP                                  | 846,909               | 889,936              |
| 58,415                   | ISHARES IBOXX INVT GRADE                                  | 6,241,017             | 6,712,598            |
| 105,554                  | ISHARES MBS ETF   | 9,677,160             | 9,605,987            |
| 28,089                   | ISHARES 10-20 YEAR TREASURY                               | 2,796,000             | 3,175,908            |
| 40,961                   | ISHARES 7-10 YEAR TREASURY                                | <u>3,786,817</u>      | <u>3,832,345</u>     |
|                          | <u>TOTAL - MUTUAL FUNDS AND EXCHANGE<br/>TRADED FUNDS</u> | <u>\$ 47,503,491</u>  | <u>\$ 45,067,170</u> |
|                          |   |                       |                      |
| <u>Par Value</u>         | <u>Cash</u>   |                       |                      |
| \$ 27,757,893            | California Bank & Trust Gold Business Sweep               | \$ 27,757,893         | \$ 27,757,893        |
| 34,158                   | Schwab Bank Sweep   | <u>34,158</u>         | <u>34,158</u>        |
|                          | <u>TOTAL - CASH</u>                                       | <u>\$ 27,792,051</u>  | <u>\$ 27,792,051</u> |

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 80-0928329; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

| <u>Identity of<br/>Party Involved</u> | <u>Description</u> | <u>Purchase<br/>Price</u> | <u>Sales<br/>Proceeds</u> | <u>Cost</u>             | <u>Net Gain<br/>or (Loss)</u> |
|---------------------------------------|--------------------|---------------------------|---------------------------|-------------------------|-------------------------------|
| SCHWAB S&P 500<br>INDEX FUND          | Mutual Fund        | \$ 3,380,507<br>-         | \$ -<br>819,000           | \$ 3,380,507<br>725,187 | \$ -<br>93,813                |

Name of Sponsor: BIOCUM  
EIN: 80-0928329  
Plan Name: BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST PLAN  
Plan Number: 501

FOOTNOTES

FOOTNOTES & INVOICING PART 1, LINE A -MULTIPLE-EMPLOYER PLAN  
PARTICIPATING EMPLOYERS:

1. A&M Biomedical, Inc., EIN 88-0293962; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.
2. ABK Biomedical USA Inc. EIN 82-2737774; AT DECEMBER 31, 2024 0.14% OF CONTRIBUTIONS.
3. Abzena, EIN 73-1731905; AT DECEMBER 31, 2024 1.34% OF CONTRIBUTIONS.
4. AcelRx Pharmaceuticals, Inc., EIN 41-2193603; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.
5. Acotec Technologies Limited, EIN 87-3626543; AT DECEMBER 31, 2024 0.10% OF CONTRIBUTIONS.
6. AcuraStem, EIN 81-1640548; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.
7. Acutus Medical Inc., EIN 43-1306615; AT DECEMBER 31, 2024 0.27% OF CONTRIBUTIONS.
8. Adagio Medical, EIN 27-4590529; AT DECEMBER 31, 2024 0.32% OF CONTRIBUTIONS.
9. Adaptyx Biosciences, Inc. (fka Eigen Biosciences Inc), EIN 88-2323222; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.
10. ADARx, EIN 84-4145188; AT DECEMBER 31, 2024 0.30% OF CONTRIBUTIONS.
11. Addition Therapeutics, EIN 87-1269401; AT DECEMBER 31, 2024 0.23% OF CONTRIBUTIONS.
12. Advanced Targeting Systems, Inc. EIN 33-0632253; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.
13. Adverum Biotechnologies, Inc. EIN 20-5258327; AT DECEMBER 31, 2024 0.69% OF CONTRIBUTIONS.
14. AesculaTech, Inc., EIN 81-3461844; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.
15. Aethlon Medical, Inc., EIN 13-3632859; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.
16. AG Scientific, EIN 33-0837109; AT DECEMBER 31, 2024 0.03% OF

FOOTNOTES (Cont'd)

CONTRIBUTIONS.

17. AgeX Therapeutics, Inc, EIN 82-1436829, AT DECEMBER 31, 2024 0.01% OF CONTRIBUTIONS.

18. Alkem Laboratories, EIN 45-4807510; AT DECEMBER 31, 2024 0.01% OF CONTRIBUTIONS.

19. Allez Health Inc. fka Zense, Inc. (DBA Zense-Life Inc.), EIN 82-5396735; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

20. Alumis Inc.; EIN 86-1771129; AT DECEMBER 31, 2024 1.06% OF CONTRIBUTIONS.

21. ALZpath, Inc.; EIN 85-1378458; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

22. AnaptysBio, Inc., EIN 26-3237576; AT DECEMBER 31, 2024 0.96% OF CONTRIBUTIONS.

23. Ancora Heart, EIN 02-0656758; AT DECEMBER 31, 2024 0.54% OF CONTRIBUTIONS.

24. ANKON Medical Technologies, Inc. EIN 47-2429708, AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

25. Ansun BioPharma, Inc., EIN 90-0053068; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

26. Antiva Biosciences, Inc., EIN 80-0865383; AT DECEMBER 31, 2024 0.14% OF CONTRIBUTIONS.

27. Anx Robotica Corp. EIN 83-1167868; AT DECEMBER 31, 2024 0.15% OF CONTRIBUTIONS.

28. Applied Biomedical Science Institute., EIN 82-5056708; AT DECEMBER 31, 2024 0.08% OF CONTRIBUTIONS.

29. AQTUAL, Inc., EIN 83-1908453; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

30. Arcturus Therapeutics, EIN 46-1981974; AT DECEMBER 31, 2024 1.15% OF CONTRIBUTIONS.

31. Aribio Co Ltd (fka AriBio USA, Inc.), EIN 83-1076026; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

32. Armata Pharmaceuticals, EIN 91-1549568; AT DECEMBER 31, 2024 0.30% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

33. ARS Pharmaceuticals Operations, Inc. EIN 47-4799323, AT DECEMBER 31, 2024 0.64% OF CONTRIBUTIONS.

34. Assembly Biosciences, Inc. EIN 20-8729264; AT DECEMBER 31, 2024 0.63% OF CONTRIBUTIONS.

35. Atara Biotherapeutics, Inc., EIN 46-0920988; AT DECEMBER 31, 2024 1.07% OF CONTRIBUTIONS.

36. AtomBeam, EIN 82-2545888; AT DECEMBER 31, 2024 0.01% OF CONTRIBUTIONS.

37. Atreca, Inc., EIN 27-3723255; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

38. Avacen, Inc., EIN 26-1478471; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

39. Avalon BioVentures, Inc. (fka FKA COI Pharmaceuticals, Inc.), EIN 46-2769373; AT DECEMBER 31, 2024 0.28% OF CONTRIBUTIONS.

40. Avalon Ventures Management, Inc., EIN 33-0942220; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

41. B2M Medical, Inc., EIN 85-3720050; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

42. Biocom, EIN 33-0496646; AT DECEMBER 31, 2024 0.76% OF CONTRIBUTIONS.

43. Bio-Edge, Inc., EIN 33-0551961; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

44. Biological Dynamics, Inc., EIN 26-2079601; AT DECEMBER 31, 2024 0.18% OF CONTRIBUTIONS.

45. BioPhotas EIN 32-0423793, AT DECEMBER 31, 2024 0.14% OF CONTRIBUTIONS.

46. Bolt Threads, EIN 27-0706781; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.

47. Boundless Bio Inc EIN 83-0751369; AT DECEMBER 31, 2024 0.51% OF CONTRIBUTIONS.

48. Capricor, Inc., EIN 20-3563447; AT DECEMBER 31, 2024 0.32% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

49. Capstan Therapeutics, EIN 87-3123599; AT DECEMBER 31, 2024 0.45% OF CONTRIBUTIONS.

50. Cardiff Oncology, Inc. (fka Trovagene, Inc.), EIN 27-2004382; AT DECEMBER 31, 2024 0.19% OF CONTRIBUTIONS.

51. Caribou Biosciences, Inc., EIN 45-3728228; AT DECEMBER 31, 2024 0.75% OF CONTRIBUTIONS.

52. Cellibre, Inc EIN 83-1628741; AT DECEMBER 31, 2024 0.15% OF CONTRIBUTIONS.

53. Channel Medsystems, EIN 29-4697214; AT DECEMBER 31, 2024 0.24% OF CONTRIBUTIONS.

54. Checkerspot, Inc., EIN 81-2927089; AT DECEMBER 31, 2024 0.46% OF CONTRIBUTIONS.

55. ChemDiv, Inc., EIN 39-1834508; AT DECEMBER 31, 2024 0.18% OF CONTRIBUTIONS.

56. Cibus US, LLC, EIN 26-3383295; AT DECEMBER 31, 2024 0.64% OF CONTRIBUTIONS.

57. Cidara Therapeutics, Inc. EIN 46-1537286; AT DECEMBER 31, 2024 0.47% OF CONTRIBUTIONS.

58. Circle Pharma, Inc. EIN 46-1127206; AT DECEMBER 31, 2024 0.35% OF CONTRIBUTIONS.

59. Clara Foods Co dba The Every Company, EIN 47-3285881; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

60. Coherus BioSciences, EIN 27-3615821; AT DECEMBER 31, 2024 2.14% OF CONTRIBUTIONS.

61. Corticare, Inc., EIN 27-2078780; AT DECEMBER 31, 2024 0.47% OF CONTRIBUTIONS.

62. Cryoport, Inc., EIN 88-0313393; AT DECEMBER 31, 2024 2.06% OF CONTRIBUTIONS.

63. Cullgen Inc., EIN 82-4579189; AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.

64. CV Sciences, Inc., EIN 80-0944970; AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.

65. Cytomx Therapeutics, Inc., EIN 27-3521219; AT DECEMBER 31, 2024

FOOTNOTES (Cont'd)

0.78% OF CONTRIBUTIONS.

66. Cytovale, Inc. EIN 45-4784004; AT DECEMBER 31, 2024 0.40% OF CONTRIBUTIONS.

67. CZ Biohub, EIN 81-1669175; AT DECEMBER 31, 2024 0.79% OF CONTRIBUTIONS.

68. Denovo Biopharma, EIN 47-1304346; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.

69. Differentiated Therapeutics, EIN 86-2655682; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

70. DNA Electronics, Inc, EIN 32-2289905; AT DECEMBER 31, 2024 0.27% OF CONTRIBUTIONS.

71. Earli, Inc, EIN 83-0952407; AT DECEMBER 31, 2024 0.10% OF CONTRIBUTIONS.

72. Eclipse BioInnovations dba Eclipse Bio, EIN 82-2088549; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

73. Effector Therapeutics, Inc., EIN 45-5286092; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

74. Elixir Medical Corporation, EIN 73-1729561; AT DECEMBER 31, 2024 0.58% OF CONTRIBUTIONS.

75. Emerald Cloud Lab, Inc., EIN 26-1261333; AT DECEMBER 31, 2024 0.63% OF CONTRIBUTIONS.

76. Emerald Therapeutics, EIN 36-4851023; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

77. Encodia (ProCure), EIN 47-3331591; AT DECEMBER 31, 2024 0.28% OF CONTRIBUTIONS.

78. Enlaza Therapeutics, Inc., EIN 85-3915179; AT DECEMBER 31, 2024 0.23% OF CONTRIBUTIONS.

79. enVveno Medical Corporation, EIN 33-0936180; AT DECEMBER 31, 2024 0.08% OF CONTRIBUTIONS.

80. Epic Sciences, Inc., EIN 61-1577455; AT DECEMBER 31, 2024 0.30% OF CONTRIBUTIONS.

81. EpicentRx EIN 33-1035566, AT DECEMBER 31, 2024 0.08% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

82. Equillium, EIN 82-1554746; AT DECEMBER 31, 2024 0.32% OF CONTRIBUTIONS.

83. Erasca Inc EIN 83-1217027; AT DECEMBER 31, 2024 0.93% OF CONTRIBUTIONS.

84. Evofem, Inc, EIN 27-0893194; AT DECEMBER 31, 2024 0.27% OF CONTRIBUTIONS.

85. Excision Biotherapeutics, EIN 46-1385614, AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.

86. EXOKERYX, EIN 87-3406435; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

87. Firefly Biologics, EIN 88-1225007; AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.

88. Fjord Ventures, LLC, EIN 20-3019801; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

89. Foldax, Inc., EIN 46-4183827; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

90. Function Oncology Inc., EIN 83-3468185; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

91. Gate Bioscience, Inc., EIN 86-1631316; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.

92. GemPharmatech, EIN 84-4915130; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

93. Genalyte, EIN 20-8660027; AT DECEMBER 31, 2024 0.28% OF CONTRIBUTIONS.

94. Genelux Corporation, EIN 77-0583529; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

95. Genomatica, EIN 33-8031527; AT DECEMBER 31, 2024 0.56% OF CONTRIBUTIONS.

96. Geron Corporation, EIN 75-2287752; AT DECEMBER 31, 2024 1.67 % OF CONTRIBUTIONS.

97. GMTO Corporation, EIN 26-2637707 AT DECEMBER 31, 2024 0.53% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

98. Gordian Biotechnology, Inc., EIN 83-2195709; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

99. Gossamer Bio, Inc, EIN 82-4677292; AT DECEMBER 31, 2024 0.83% OF CONTRIBUTIONS.

100. Harrow Health, Inc., EIN 45-0567010; AT DECEMBER 31, 2024 1.34% OF CONTRIBUTIONS.

101. Henlius USA, Inc. (fka Hengenix Biotech, Inc.), EIN 47-4874409; AT DECEMBER 31, 2024 0.18% OF CONTRIBUTIONS.

102. House Ear Clinic, EIN 95-2638195; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

103. House Institute Foundation EIN 46-2883905; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

104. Huntington Medical Research Institutes, EIN 95-1757119; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

105. HUYA Bioscience International., EIN 33-1139423; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

106. Ideaya Biosciences Inc., EIN 47-4268251; AT DECEMBER 31, 2024 0.86% OF CONTRIBUTIONS.

107. IGM Biosciences Inc., EIN 77-0349194; AT DECEMBER 31, 2024 1.49% OF CONTRIBUTIONS.

108. Immunicom, EIN 46-2358765; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

109. ImpediMed, Inc, EIN 98-0376225; AT DECEMBER 31, 2024 0.38% OF CONTRIBUTIONS.

110. Inception Therapeutics, EIN 83-2331727; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

111. Inhibrx, LLC, EIN 27-2290837; AT DECEMBER 31, 2024 1.06% OF CONTRIBUTIONS.

112. Innoviva, Inc., EIN 94-3265960; AT DECEMBER 31, 2024 0.10% OF CONTRIBUTIONS.

113. Integrium, LLC, EIN 33-0796857; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

114. Interdict Bio, EIN 88-0935033; AT DECEMBER 31, 2024 0.06% OF

Statement 7

FOOTNOTES (Cont'd)

CONTRIBUTIONS.

115. International Stem Cell Corporation, EIN 20-4494098; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

116. Invivoscribe, Inc., EIN 26-3569157; AT DECEMBER 31, 2024 0.58% OF CONTRIBUTIONS.

117. Iovance Biotherapeutics, EIN 95-2156846; AT DECEMBER 31, 2024 3.01% OF CONTRIBUTIONS.

118. Iridia, Inc EIN 81-2055657; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.

119. Iris Medicine EIN 84-3424522; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

120. Irras USA, Inc., EIN 61-1800152; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

121. Janus-I Science Inc., EIN 08-0629907; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

122. JCR USA, Inc., EIN 32-0552711; AT DECEMBER 31, 2024 0.08% OF CONTRIBUTIONS.

123. Karius, EIN 47-1779950; AT DECEMBER 31, 2024 0.92% OF CONTRIBUTIONS.

124. Kezar Life Sciences, EIN 47-3366145; AT DECEMBER 31, 2024 0.46% OF CONTRIBUTIONS.

125. Kumquat Biosciences Inc, EIN 83-2586592, AT DECEMBER 31, 2024 0.50% OF CONTRIBUTIONS.

126. Kura Oncology, Inc., EIN 47-1684656; AT DECEMBER 31, 2024 1.22% OF CONTRIBUTIONS.

127. Kurin, Inc., EIN 47-5095041; AT DECEMBER 31, 2024 0.42% OF CONTRIBUTIONS.

128. La Jolla Labs, EIN 86-1589894; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS

129. Lenz Therapeutics, Inc., EIN 85-3612318; AT DECEMBER 31, 2024 0.15% OF CONTRIBUTIONS.

130. Ligand Pharmaceuticals, Inc., EIN 77-0160744; AT DECEMBER 31, 2024 0.44% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

131. Light Horse Therapeutics, Inc., EIN 85-1250685; AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.
132. Lineage Cell Therapeutics, EIN 94-3127919; AT DECEMBER 31, 2024 0.21% OF CONTRIBUTIONS.
133. Lycia Therapeutics, Inc., EIN 84-3860514; AT DECEMBER 31, 2024 0.21% OF CONTRIBUTIONS.
134. Lygos, Inc EIN 27-3280691; AT DECEMBER 31, 2024 0.34% OF CONTRIBUTIONS.
135. Lynx Biosciences, EIN 47-5139631; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.
136. Mapp Biopharmaceutical, Inc., EIN 20-0037593; AT DECEMBER 31, 2024 0.68% OF CONTRIBUTIONS.
137. Marea Therapeutics, Inc., EIN 87-3908053; AT DECEMBER 31, 2024 0.10% OF CONTRIBUTIONS.
138. Maze Therapeutics, EIN 82-2635018; AT DECEMBER 31, 2024 0.62% OF CONTRIBUTIONS.
139. Memorial Research Medical Clinic LLC FKA Integrium, LLC, EIN 33-0796857; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.
140. Menarini Silicon Biosystems, Inc., EIN 27-4036679; AT DECEMBER 31, 2024 0.61% OF CONTRIBUTIONS.
141. Minerva Surgical, Inc., EIN 26-3422906; AT DECEMBER 31, 2024 0.75% OF CONTRIBUTIONS.
142. Mirador Therapeutics, EIN 93-3440741; AT DECEMBER 31, 2024 0.25% OF CONTRIBUTIONS.
143. Mission Bio, EIN 46-2503741 AT DECEMBER 31, 2024 0.34% OF CONTRIBUTIONS.
144. Molecular Assemblies, EIN 46-4329034; AT DECEMBER 31, 2024 0.24% OF CONTRIBUTIONS.
145. Molecular Axiom, EIN 84-4344528; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.
146. Multiverse Pharma, EIN 86-1470976; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

147. Nano Global, EIN 47-2295536; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

148. Nanosonics, Inc., EIN 30-0668306; AT DECEMBER 31, 2024 0.68% OF CONTRIBUTIONS.

149. Neucyte Inc., EIN 81-0729579; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

150. NeuroVasc Technologies, Inc., EIN 47-4946980; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

151. NGM Biopharmaceuticals Inc., EIN 26-1679911; AT DECEMBER 31, 2024 0.93% OF CONTRIBUTIONS.

152. NovaBay Pharmaceuticals, Inc. EIN 68-0454536; AT DECEMBER 31, 2024 0.08% OF CONTRIBUTIONS.

153. Nurix, Inc., EIN 27-0838048; AT DECEMBER 31, 2024 1.42% OF CONTRIBUTIONS.

154. Nusano Inc, EIN 26-0376983; AT DECEMBER 31, 2024 1.09% OF CONTRIBUTIONS.

155. Okami Medical, FKA Inceptus Medical, LLC, EIN 45-2902864; AT DECEMBER 31, 2024 0.25% OF CONTRIBUTIONS.

156. OmniAb Operations, Inc. (fka OmniAB), EIN 87-0812245; AT DECEMBER 31, 2024 0.81% OF CONTRIBUTIONS.

157. Oncolytics Biotech US Inc, EIN 26-3847449; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

158. Oncternal Therapeutics, EIN 46-4137807; AT DECEMBER 31, 2024 0.29% OF CONTRIBUTIONS.

159. ONI Inc., EIN 36-4885369; AT DECEMBER 31, 2024 0.26% OF CONTRIBUTIONS.

160. Organovo, Inc., EIN 26-0203974; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

161. ORIC Pharmaceuticals, EIN 47-1787157; AT DECEMBER 31, 2024 0.71% OF CONTRIBUTIONS.

162. Osprey, Inc. dba Nighthawk Therapeutics, EIN 85-2896375; AT DECEMBER 31, 2024 0.14% OF CONTRIBUTIONS.

163. Persephone Biome Inc., EIN 82-1946452; AT DECEMBER 31, 2024

FOOTNOTES (Cont'd)

0.05% OF CONTRIBUTIONS.

164. Pheast Therapeutics, EIN 87-1616936; AT DECEMBER 31, 2024 0.18% OF CONTRIBUTIONS.

165. Pivot Bio, EIN 27-3803526; AT DECEMBER 31, 2024 2.01% OF CONTRIBUTIONS.

166. Pliant Therapeutics, Inc., EIN 47-4272481; AT DECEMBER 31, 2024 0.94% OF CONTRIBUTIONS.

167. Poseida Therapeutics, EIN 47-2846548; AT DECEMBER 31, 2024 1.69% OF CONTRIBUTIONS.

168. Prelude Dx EIN 98-0495385; AT DECEMBER 31, 2024 0.32% OF CONTRIBUTIONS.

169. Profusa Corp., EIN 26-4589529; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

170. Prometheus Laboratories, Inc., EIN 33-0685754; AT DECEMBER 31, 2024 0.71% OF CONTRIBUTIONS.

171. ProSciento Inc, EIN 02-0674583; AT DECEMBER 31, 2024 0.88% OF CONTRIBUTIONS.

172. Protagonist Therapeutics, EIN 98-0505495; AT DECEMBER 31, 2024 0.37% OF CONTRIBUTIONS.

173. Pulse Biosciences, Inc., EIN 46-5696597; AT DECEMBER 31, 2024 0.43% OF CONTRIBUTIONS.

174. Radar Therapeutics, EIN 92-1053102; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

175. Radionetics Oncology, Inc., EIN 87-2627756; AT DECEMBER 31, 2024 0.22% OF CONTRIBUTIONS.

176. RayzeBio Inc., EIN 84-4388509; AT DECEMBER 31, 2024 0.67% OF CONTRIBUTIONS.

177. ReCode Therapeutics, Inc., EIN 81-1900562; AT DECEMBER 31, 2024 0.52% OF CONTRIBUTIONS.

178. ReFlow Medical Inc., EIN 26-4670091; AT DECEMBER 31, 2024 0.51% OF CONTRIBUTIONS.

179. Remedy Scientific Inc., EIN 93-3120507; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

180. Reva Medical, EIN 33-0810505; AT DECEMBER 31, 2024 0.19% OF CONTRIBUTIONS.

181. Revolution Medicines, Inc., EIN 47-2029180; AT DECEMBER 31, 2024 2.84% OF CONTRIBUTIONS.

182. Rigel Pharmaceuticals Inc., EIN 94-3248524; AT DECEMBER 31, 2024 1.36% OF CONTRIBUTIONS.

183. Roswell Biotechnologies, Inc., EIN 47-1510770; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

184. RTHM, Inc., EIN 36-4901431; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

185. RxSight dba Calhoun Vision, EIN 94-3268801; AT DECEMBER 31, 2024 1.41% OF CONTRIBUTIONS.

186. S&B Pharma inc., EIN 45-4807510; AT DECEMBER 31, 2024 0.26% OF CONTRIBUTIONS.

187. Sagimet Biosciences Inc. (fka 3-V Biosciences Inc.), EIN 20-5991472; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

188. San Diego Biomedical Research Institute, EIN 46-3481092; AT DECEMBER 31, 2024 0.16% OF CONTRIBUTIONS.

189. Sanford Laboratories for Innovative Medicines, EIN 87-3910792; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

190. Sanguine Biosciences, Inc., EIN 27-2874274; AT DECEMBER 31, 2024 0.32% OF CONTRIBUTIONS.

191. Seawolf Therapeutics, EIN 87-1687477; AT DECEMBER 31, 2024 0.19% OF CONTRIBUTIONS.

192. Seer, Inc EIN 82-1153150; AT DECEMBER 31, 2024 0.71% OF CONTRIBUTIONS.

193. Semi-Kinetics, EIN 82-4066572; AT DECEMBER 31, 2024 0.17% OF CONTRIBUTIONS.

194. Sentynl Therapeutics, Inc., EIN 45-4058349; AT DECEMBER 31, 2024 0.13% OF CONTRIBUTIONS.

195. Shamir Insight, Inc., EIN 33-0778082; AT DECEMBER 31, 2024 0.63% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

196. Shanghai Pharma Biotherapeutics USA Inc., EIN 35-2638902; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

197. ShangPharma Innovation, Inc., EIN 30-0893545; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

198. Shape Memory Medical, EIN 26-3929045; AT DECEMBER 31, 2024 0.23% OF CONTRIBUTIONS.

199. Shoreline Biosciences, Inc., EIN 85-1119919; AT DECEMBER 31, 2024 0.50% OF CONTRIBUTIONS.

200. Sientra, Inc., EIN 20-5551000; AT DECEMBER 31, 2024 0.54% OF CONTRIBUTIONS.

201. Sight Sciences, EIN 80-0625749; AT DECEMBER 31, 2024 1.31% OF CONTRIBUTIONS.

202. Sigyn Therapeutics, Inc., EIN 47-2573116; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

203. Sillajen Biotherapeutics, EIN 26-1730046; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

204. Sleep Data Services LLC EIN 45-1579248; AT DECEMBER 31, 2024 0.95% OF CONTRIBUTIONS.

205. SmartyPants Inc, EIN 12-3456789; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

206. Solve Therapeutics, Inc., EIN 86-3795367; AT DECEMBER 31, 2024 0.42% OF CONTRIBUTIONS.

207. Sonendo, Inc., EIN 20-5041718; AT DECEMBER 31, 2024 0.75% OF CONTRIBUTIONS.

208. Sonoma Biotherapeutics, EIN 83-4500565; AT DECEMBER 31, 2024 0.83% OF CONTRIBUTIONS.

209. Spinal Elements, Inc., EIN 90-0122803; AT DECEMBER 31, 2024 0.75% OF CONTRIBUTIONS.

210. Spineart USA, EIN 27-0346317; AT DECEMBER 31, 2024 0.29% OF CONTRIBUTIONS.

211. Spirair, Inc., EIN 85-3360525; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

212. SprintRay, Inc., EIN 81-5348541; AT DECEMBER 31, 2024 0.69% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

CONTRIBUTIONS.

213. Stason Pharmaceuticals, Inc., EIN 33-0617948; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

214. StatRad, LLC FKA NucleusHealth, LLC, EIN 26-3267821; AT DECEMBER 31, 2024 0.23% OF CONTRIBUTIONS.

215. Stemedica Cell Technologies Inc., EIN 20-3096698; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS.

216. Stemline Therapeutics, Inc., EIN 45-1522567; AT DECEMBER 31, 2024 2.88% OF CONTRIBUTIONS.

217. Strateos Inc. fka Transcriptic, Inc., EIN 45-4610289; AT DECEMBER 31, 2024 0.05% OF CONTRIBUTIONS

218. Stratpharma Inc., EIN 36-4843532; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

219. Stroma Medical Corporation, EIN 26-4608755; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

220. Summit Therapeutics, EIN 36-4779048; AT DECEMBER 31, 2024 0.87% OF CONTRIBUTIONS.

221. Surface Optics Corporation, EIN 95-3245616; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

222. Surrozen, Inc., EIN 91-0189318; AT DECEMBER 31, 2024 0.31% OF CONTRIBUTIONS.

223. Synova Life Sciences, EIN 47-4508379; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

224. Tacere Therapeutics, EIN 20-5261902; AT DECEMBER 31, 2024 0.15% OF CONTRIBUTIONS.

225. Talphera, Inc. fka AcelRx Pharmaceuticals, Inc., EIN 41-2193603; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

226. Target Discovery, Inc., EIN 94-3330571; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

227. TCR Medical, EIN 47-4405527; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

FOOTNOTES (Cont'd)

228. TearClear Corp, EIN 81-0920802; AT DECEMBER 31, 2024 0.02% OF CONTRIBUTIONS.

229. Terremoto Biosciences, EIN 92-1335862; AT DECEMBER 31, 2024 0.27% OF CONTRIBUTIONS.

230. The Buck Institute for Research on Aging, EIN 94-3030609; AT DECEMBER 31, 2024 0.49% OF CONTRIBUTIONS.

231. Therapeutics Inc., EIN 87-0720266; AT DECEMBER 31, 2024 0.24% OF CONTRIBUTIONS.

232. Thomson Instrument Co., EIN 88-0309700; AT DECEMBER 31, 2024 0.24% OF CONTRIBUTIONS.

233. Totus Medicines, EIN 87-4616134; AT DECEMBER 31, 2024 0.17% OF CONTRIBUTIONS.

234. Trlx Inc., EIN 83-1757685; AT DECEMBER 31, 2024 0.17% OF CONTRIBUTIONS.

235. Trace Neuroscience, Inc., EIN 99-0762304; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

236. Transcripta Bio, EIN 85-2134862; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

237. Triton Algae Innovations, EIN 26-3237576; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

238. Trotana, Inc., EIN 84-2857539; AT DECEMBER 31, 2024 0.09% OF CONTRIBUTIONS.

239. Truvian Sciences, Inc, EIN 47-4996745; AT DECEMBER 31, 2024 0.56% OF CONTRIBUTIONS.

240. Unchained Labs, EIN 47-3068401; AT DECEMBER 31, 2024 0.83% OF CONTRIBUTIONS.

241. Vascular Dynamics Inc, EIN 98-0604294; AT DECEMBER 31, 2024 0.11% OF CONTRIBUTIONS.

242. Velia, Inc., EIN 87-3388013; AT DECEMBER 31, 2024 0.18% OF CONTRIBUTIONS.

243. Venn Biosciences Corp dba InterVenn Biosciences, EIN 82-0814673; AT DECEMBER 31, 2024 0.23% OF CONTRIBUTIONS.

244. Ventyx Biosciences, Inc., EIN 83-2996852; AT DECEMBER 31, 2024

FOOTNOTES (Cont'd)

0.61% OF CONTRIBUTIONS.

245. ViaLase, Inc., EIN 82-0672394; AT DECEMBER 31, 2024 0.25% OF CONTRIBUTIONS.

246. Viscient Biosciences, Inc. EIN 82-1846946; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

247. Viseon, Inc., EIN 82-1048030; AT DECEMBER 31, 2024 0.12% OF CONTRIBUTIONS.

248. Vividion Therapeutics, Inc., EIN 46-4373293; AT DECEMBER 31, 2024 1.58% OF CONTRIBUTIONS.

249. V-Wave Inc., EIN 47-4235383; AT DECEMBER 31, 2024 0.24% OF CONTRIBUTIONS.

250. Weatherwax Biotechnologies Corporation, EIN 84-3945424; AT DECEMBER 31, 2024 0.07% OF CONTRIBUTIONS.

251. Wildcat Discovery Technologies Inc., EIN 20-5595019; AT DECEMBER 31, 2024 0.51% OF CONTRIBUTIONS.

252. Xencor, Inc., EIN 20-1622502; AT DECEMBER 31, 2024 1.56% OF CONTRIBUTIONS.

253. Xzom, Inc. FKA Biological Dynamics, Inc., EIN 99-3204933; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

254. Zense, Inc. EIN 82-5396735; AT DECEMBER 31, 2024 0.04% OF CONTRIBUTIONS.

255. ZeroBrush, Inc., EIN 81-3310017; AT DECEMBER 31, 2024 0.03% OF CONTRIBUTIONS.

256. Zimmer Medizin Systems, EIN 95-4055539; AT DECEMBER 31, 2024 0.06% OF CONTRIBUTIONS.

|   |   |   |
|---|---|---|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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.)

**B** This return/report is:  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**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan</p> <p>BEYOND BENEFITS LIFE SCIENCE<br/>ASSOCIATION TRUST PLAN</p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BIOCOM</p> <p>9171 TOWNE CENTRE DR STE 500<br/>SAN DIEGO, CA 92122</p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2012</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>80-0928329</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>858-455-0300</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>813000</u></p> |

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

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

|                  |  |                        |  |
|------------------|--|------------------------|--|
| <b>SIGN HERE</b> | DocuSigned by:<br><i>Sonya Bilka</i><br>CD3824E749DE430... administrator       | 10/10/2025   11:35 PDT | Sonya Bilka  |
|                  |  | Date                   | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signed by:<br><i>Melissa Lucas</i><br>B8A8E607064347D... employer/plan sponsor | 10/10/2025   09:00 PDT | Melissa Lucas  |
|                  |  | Date                   | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <b>Signature of DFE</b>  | Date                   | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 240311

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 80-0928329; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

| <u>Identity of<br/>Party Involved</u> | <u>Description</u> | <u>Purchase<br/>Price</u> | <u>Sales<br/>Proceeds</u> | <u>Cost</u>             | <u>Net Gain<br/>or (Loss)</u> |
|---------------------------------------|--------------------|---------------------------|---------------------------|-------------------------|-------------------------------|
| SCHWAB S&P 500<br>INDEX FUND          | Mutual Fund        | \$ 3,380,507<br>-         | \$ -<br>819,000           | \$ 3,380,507<br>725,187 | \$ -<br>93,813                |

**BEYOND BENEFITS LIFE SCIENCE  
ASSOCIATION TRUST**

FORM 5500

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

E.I.N. 80-0928329; PLAN NO. 501

DECEMBER 31, 2024

| <u>No. of<br/>Shares</u> | <u>Mutual Funds and Exchange Traded Funds</u>             | <u>Fair<br/>Value</u> | <u>Cost</u>          |
|--------------------------|---|-----------------------|----------------------|
| 942,945                  | PAYDEN STRATEGIC INCOME INVESTOR                          | \$ 9,014,555          | \$ 9,294,314         |
| 154,485                  | SCHWAB S&P 500 INDEX                                      | 13,945,390            | 10,694,165           |
| 5,681                    | INVESCO NASDAQ 100 ETF                                    | 1,195,643             | 861,917              |
| 13,592                   | ISHARES CORE S&P MID CAP                                  | 846,909               | 889,936              |
| 58,415                   | ISHARES IBOXX INVT GRADE                                  | 6,241,017             | 6,712,598            |
| 105,554                  | ISHARES MBS ETF   | 9,677,160             | 9,605,987            |
| 28,089                   | ISHARES 10-20 YEAR TREASURY                               | 2,796,000             | 3,175,908            |
| 40,961                   | ISHARES 7-10 YEAR TREASURY                                | <u>3,786,817</u>      | <u>3,832,345</u>     |
|                          | <u>TOTAL - MUTUAL FUNDS AND EXCHANGE<br/>TRADED FUNDS</u> | <u>\$ 47,503,491</u>  | <u>\$ 45,067,170</u> |
|                          |   |                       |                      |
| <u>Par Value</u>         | <u>Cash</u>   |                       |                      |
| \$ 27,757,893            | California Bank & Trust Gold Business Sweep               | \$ 27,757,893         | \$ 27,757,893        |
| 34,158                   | Schwab Bank Sweep   | <u>34,158</u>         | <u>34,158</u>        |
|                          | <u>TOTAL - CASH</u>                                       | <u>\$ 27,792,051</u>  | <u>\$ 27,792,051</u> |