Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INNOVATION FIRST INTERNATIONAL, INC.

6725 W. FM 1570
GREENVILLE, TX 75402

2b Employer Identification Number (EIN) 27-1530354

2c Plan Sponsor's telephone number 903-453-0810

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2021	KIM MATA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	269
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	216
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	191
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	239
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	181
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INNOVATION FIRST INTERNATIONAL, INC.

D Employer Identification Number (EIN)
27-1530354

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	2744	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF INTL EQUITY INV - DST ASSET MA 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM OP MIDCAP VAL A - BNY MELLON DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EV INC FUND BOSTON A - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD INTL OPPS R4 - HARTFORD ADMIN 41-0679409	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H ENTERPRISE T - JANUS SERVICES 43-1804048	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SM CAP VALUE I - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS CORE PL BD Y - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS MID CAP - PARNASSUS INVE 1 MARKET STREET, SUITE 1600 SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RTN BD AD - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE BAL ADV - T. ROWE PRICE 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2015 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2020 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2025 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2030 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2035 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2040 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2045 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2050 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2055 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP TARGET 2060 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581-1722	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INNOVATION FIRST INTERNATIONAL, INC.

D Employer Identification Number (EIN)
27-1530354

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1435213	4092066
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	2402967	2932722
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	177311	224587
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7841939	9512873
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	11857430	16762248
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	39	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	39	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	11857391	16762248

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	490294	
	(B) Participants	**2a(1)(B)**	1027650	
	(C) Others (including rollovers)	**2a(1)(C)**	2205536	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		3723480
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	4877	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	12399	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		17276
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	27241	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	304478	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		331719
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	1370434	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1534035	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-163601
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	833416	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		833416

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		0
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		1308609
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		6050899
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1142186	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		1142186
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses: **(1)** Professional fees	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	0	
(3) Investment advisory and management fees	**2i(3)**	1312	
(4) Other	**2i(4)**	2544	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		3856
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		1146042
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		4904857
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		1329344

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INNOVATION FIRST INTERNATIONAL, INC.

D Employer Identification Number (EIN)
27-1530354

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Financial Statements and Report of Independent Certified Public Accountants

Innovation First International 401(k) Profit Sharing Plan & Trust

December 31, 2020 and 2019

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7
Supplemental Schedules	
Schedule H, Line 4a - Schedule of delinquent participant contributions	15
Schedule H, Line 4i - Schedule of assets (held at end of year)	16

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Innovation First International 401(k) Profit Sharing Plan &Trust

Report on the financial statements

We were engaged to audit the accompanying financial statements of Innovation First International 401(k) Profit Sharing Plan &Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note C, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2020 and 2019, and for the year ended December 31, 2020, stating that the certified information provided to the Plan administrator is complete and accurate.

Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Disclaimer of opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information
The supplemental schedules of assets (held at the end of year) as of December 31, 2020, and delinquent participant contributions for the year ended December 31, 2020 are presented for purposes 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 Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note C, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Oklahoma City, Oklahoma
July 28, 2021

Innovation First International 401(k) Profit Sharing Plan & Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

	2020	2019
Assets		
Investments, at fair value	$ 16,537,661	$ 11,680,080
Notes receivable from participants	224,587	177,311
Net assets available for benefits	$ 16,762,248	$ 11,857,391

The accompanying notes are an integral part of these financial statements.

Innovation First International 401(k) Profit Sharing Plan & Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2020

ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$	1,978,424
Interest and dividends		336,596
Net investment income		2,315,020
Interest income from notes receivable from participants		12,399
Contributions:		
Participants		1,027,650
Employer		490,294
Rollover		2,205,536
Total contributions		3,723,480
Total additions		6,050,899
DEDUCTIONS:		
Benefit payments		1,142,186
Administrative expenses		3,856
Total deductions		1,146,042
Net increase in net assets available for benefits		4,904,857
Net assets available for benefits, beginning of year		11,857,391
Net assets available for benefits, end of year	$	16,762,248

The accompanying notes are an integral part of this statement.

NOTE A – PLAN DESCRIPTION

The following description of Innovation First International 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of five (5) commonly owned companies: Innovation First International, Inc., the Plan Sponsor, Innovation First Manufacturing, Innovation First Trading, Inc., Innovation First Logistics, Inc., and RoboMatter, Inc. (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. This Plan was adopted by the Company as a part of its Administrative Services Only contract with Paychex, Inc. on August 27, 2012 and includes Safe Harbor Cash or Deferred Arrangements plan provisions.

The Plan administrator is Innovation First International, Inc. Fidelity Workplace Services LLC ("Fidelity") serves as the trustee and is management of the Plan's assets at the direction of the plan administrator. Fidelity is the recordkeeper and is responsible for maintaining participants' accounts and executing participant-initiated transactions.

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") became law on March 27, 2020. The CARES act included several relief provisions available to qualified retirement plans and their participants which includes, among other things penalty free hardship withdrawal, increase in loan limits and up to one-year loan suspensions. A qualifying participant was able to defer current loan payments from March 27, 2020 to December 31, 2020 until January 2021 at which time the loan was re-amortized. A qualifying participant was also able to choose to take a loan up to a maximum equal to the lesser of $100,000 or 100% of their vested balance. If the participant had a current outstanding loan, that loan had to be repaid in full to receive a CARES Act Loan.

As part of the CARES Act, a qualified participant could have elected to take a penalty free distribution up to $100,000, not to exceed the participants vested balance. The distribution is available on or after January 1, 2020 and before December 31, 2020. Income attributable to the distributions are subject to tax over three years, and the participant may recontribute the funds to an eligible retirement plan within three years without regard to that year's contribution cap.

The Company has elected to adopt the CARES Act provisions as of March 27, 2020. However, the Plan has not formally amended the Plan documents as of December 31, 2020 but plans to do so prior to the deadline of December 31, 2022.

The Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act") became law on December 20, 2019 with an effective date of January 1, 2020. The SECURE Act aims to improve retirement security through several provisions available to qualified retirement plans and their participants which includes, among other things increases the required minimum distribution (RMD) age for retirement accounts to 72 (up from 70½), allows long-term, part-time workers to participate in 401(k) plans, and allows parents to make certain qualified withdrawals. The Company has elected to adopt the SECURE Act provisions as of January 1, 2020 however, the Plan has not formally amended the Plan Documents as of the date these financial statements were issued.

As part of the adoption of the SECURE Act, the Plan was amended to add new eligibility requirements for part-time employees. Part-time employees or interns, who have completed 3 months of service, have attained the age of 21, and have reached at least 1,000 hours in a twelve-month period or 500 hours per year over a 3-year period, are eligible to participate in the Plan. These updated eligibility requirements did

not have an impact on the plan year ended December 31, 2020, however, these are expected to impact the Plan in future periods.

Eligibility

All employees of the Company who have completed 3 months of service and have attained the age of 21 are eligible to participate in the Plan.

Contributions

Participants may contribute up to $19,500 of pretax annual compensation for 2020, which is the prescribed limit established by the Internal Revenue Service ("IRS"), as defined in the Plan. Participants who are projected to be age 50 or older by the end of the calendar year and who are making contributions to the Plan are eligible to make additional catch-up contributions, as defined by the Plan, subject to the Internal Revenue Code ("IRC") limitation of $6,500 for 2020. Participant contributions are made by salary reductions at each pay period. Also, participants may make rollover contributions representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. The Company offers a 100% match of the first 3% of each employee's pretax contributions to the Plan, and a 50% match of the next 2% contributed by the participant. This results in an aggregate maximum potential employer match of 4% of each participant's gross annual eligible wages. Employer matching is computed on a pay period basis.

A profit-sharing contribution is permitted by the Plan at the Company's sole discretion to all participants with a minimum of one year's employment and 1,000 hours worked within that Plan year. In subsequent years, the employee must only be employed by the Company on the last day of the Plan year to be eligible for profit-sharing contributions. No such contribution was made in 2020 or 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer contribution match, the employer profit sharing contribution, if applicable, and Plan earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant may select the investment options for their contributions. However, if the participant does not make an investment choice, the Company will direct those investments according to the Plan agreement.

Vesting

Participants are immediately 100% vested in their contributions, the employer contribution match and any earnings thereon. Profit sharing contributions and the related earnings vest 100% upon completing the third year of employment.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds, money market funds, Unit Investment Trusts and common stock as investment options for participants.

Payment of Benefits

On termination of service due to death, total and permanent disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant is required by law to receive a minimum required distribution from the Plan, unless they are a five percent owner, no later than April 1 of the calendar year following the calendar year the participant turns 70½ or terminates their employment. Once a participant starts receiving the minimum

required distribution, they should receive it at least annually and should complete the appropriate documentation each year until their assets in the account are distributed. According to the Plan, normal retirement age is 65.

Forfeitures

Forfeitures can be first applied to reduce administrative expenses, and then to reduce employer contributions made in the Plan year of occurrence. At December 31, 2020 and 2019, there were no forfeited balances. No forfeitures were used to reduce administrative expenses or employer contributions during 2020.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of a) $50,000 less the highest outstanding loan balance of loans during the prior twelve-month period or b) one-half of the vested account balance. Note terms require repayment over a period not to exceed five years unless the loan is related to the purchase of a principal residence. Notes are secured by up to 50% of the vested balance in the participant's account and bear interest at prevailing market rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. A participant may only have one note receivable outstanding at any time.

Administrative Expenses

Costs and expenses of the Plan and its administration, including recordkeeping service fees, accounting services and trustee services, are paid by the Plan. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments. The Plan records administrative expenses as incurred.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses on the sales of investments and unrealized appreciation and depreciation in the market value are shown as net

appreciation (depreciation) in the fair value of investments in the statement of changes in net assets available for benefits.

Payment of Benefits

The Plan permits in-service withdrawals, subject to certain restrictions. Distributions for terminations are made in lump sums and are comprised of the market value of participants' contributions and vested Company contributions. Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019 as all participant loans are fully secured by the participant's individual accounts. If a participant ceases to make note repayments and the Plan administrator deems the note receivable to be in default, the participant loan balance is reduced, and a benefit payment is recorded. There were no loan defaults in 2020 and 2019.

NOTE C – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, at fair value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019;
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020; and
- Schedule H, Part IV, Line 4i - schedule of assets (held at end of year) as of December 31, 2020.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE D – FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such fair value is a market-based measurement, not an entity-specific measurement. U.S. GAAP establishes a three-level valuation hierarchy based upon observable and unobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2020 or 2019.

Money Market Funds, Mutual Funds and Unit Investment Trusts: Valued at quoted market price or the net asset value ("NAV") of shares held by the Plan at year end. The money market funds, mutual funds and unit investment trusts held by the Plan are deemed to be actively traded. There are no restrictions on redemptions.

Common Stock: Includes common stocks, certain equity funds and a publicly traded partnership interest valued at the closing price in the active market in which the individual security is traded.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers of investments between Level 1, 2 or 3.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Investments leveled at fair value				
Money market funds	$ 4,092,066	$ -	$ -	$ 4,092,066
Mutual funds	9,436,639	-	-	9,436,639
Unit investment trusts	76,234	-	-	76,234
Common stock	2,932,722	-	-	2,932,722
Total assets, at fair value	$ 16,537,661	$ -	$ -	$ 16,537,661

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Investments leveled at fair value				
Money market funds	$ 1,435,213	$ -	$ -	$ 1,435,213
Mutual funds	7,774,717	-	-	7,774,717
Unit investment trusts*	67,183	-	-	67,183
Common stock	2,402,967	-	-	2,402,967
Total assets, at fair value	$ 11,680,080	$ -	$ -	$ 11,680,080

* The 2019 financial statements previously reported the fair value of unit investment trusts as valued at NAV, as a practical expedient; however given further understanding of these investments, Plan management has determined that these investments were valued using quoted prices in active markets and accordingly, Plan management revised the description of those investments, and the fair value leveling as Level 1 investments.

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

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by the trustee, recordkeeper and their affiliates, as well as the Company, on behalf of the Plan, qualify as party-in-interest transactions.

Certain Plan investments are shares of mutual funds managed by Fidelity. Fidelity is the trustee as defined in the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees for the year ended December 31, 2020 were paid by the Plan. These transactions are exempt under the IRC and are not prohibited by ERISA.

The Company makes loans to its participants, these transactions qualify as related party transactions. Consequently, such transactions are permitted under the provisions of the Plan. There have been no known prohibited transactions with related parties.

NOTE F – NON-EXEMPT TRANSATIONS WITH PARTIES IN INTEREST

The Company remitted participant contributions and participant loan repayments totaling $31,223, $74,126, $666,885 and $557,110 to the trustee on a date that was later than guidance prescribed by the DOL's rules and regulations, for each of the December 31, 2019, 2018, 2017 and 2016 plan years, respectively. The Company corrected these errors under the DOL's Voluntary Fiduciary Correction Program ("VFCP") and participant accounts were credited with interest to make up for the lost investment income that would have

been earned had the amounts been remitted on a timely basis. A schedule of delinquent participant contributions has been added to the supplemental information in accordance with the DOL's rules and regulations that reflects the correction of these amounts. There were no such transactions for the plan year ended December 31, 2020.

NOTE G – RISKS AND UNCERTAINTIES

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

NOTE H – INCOME TAX STATUS

The IRS has informed the Company by an opinion letter dated March 31, 2014 that the Plan and related trust are designed in accordance with the applicable provisions of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Company believes the Plan has maintained its tax-exempt status. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE J – SUBSEQUENT EVENTS

There were no subsequent events to report between December 31, 2020, the date of these financial statements, and July 28, 2021, the date these financial statements were available to be issued except as noted below.

Effective January 29, 2021, the Plan was amended to add Qualified Domestic Relations Order ("QDRO") services to be made available to Plan participants. A QDRO is a court order signed by a judge issued under a state's domestic relations law that assigns a spouse, former spouse, child or other dependent of a participant the right to receive all or a portion of a participant's benefits.

SUPPLEMENTARY SCHEDULES

Innovation First International 401(k) Profit Sharing Plan & Trust

FORM 5500 SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2020

	Participant Contributions Transferred Late to the Plan.	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included:☑	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
*	$ 31,223	$ -	$ -	$ -	$ 31,223
**	$ 74,126	$ -	$ -	$ -	$ 74,126
***	$ 666,885	$ -	$ -	$ -	$ 666,885
****	$ 557,110	$ -	$ -	$ -	$ 557,110

* Plan year 2019 contributions
** Plan year 2018 contributions
*** Plan year 2017 contributions
**** Plan year 2016 contributions

Innovation First International 401(k) Profit Sharing Plan & Trust

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

December 31, 2020

EIN: 52-2361924 Plan Number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Money Market Funds	Money Market Funds		$ 4,092,066
	Mutual Funds			
	J H ENTERPRISE T	Mutual Fund		236,265
	LOOMIS CORE PL BD Y	Mutual Fund		46,808
	INVS DIVRS DIVD R5	Mutual Fund		117,772
	HTFD INTL OPPS R4	Mutual Fund		70,218
	VRTS C MDCP VAL EQ I	Mutual Fund		58,463
	EV INC FUND BOSTON A	Mutual Fund		51,987
	JPM SM CAP VALUE I	Mutual Fund		10,401
	PIMCO REAL RTN BD AD	Mutual Fund		16,011
	TRP TARGET 2020 ADV	Mutual Fund		357,360
	TRP TARGET 2025 ADV	Mutual Fund		713,690
	TRP TARGET 2030 ADV	Mutual Fund		799,955
	TRP TARGET 2035 ADV	Mutual Fund		40,818
	TRP TARGET 2040 ADV	Mutual Fund		309,089
	TRP TARGET 2045 ADV	Mutual Fund		781,565
	TRP TARGET 2050 ADV	Mutual Fund		763,293
	TRP TARGET 2055 ADV	Mutual Fund		601,198
	TRP TARGET 2060 ADV	Mutual Fund		366,101
	PARNASSUS MID CAP	Mutual Fund		35,227
	GLENMEDE SMCP EQ ADV	Mutual Fund		167,655
*	FID GNMA	Mutual Fund		106,167
*	FID OVERSEAS	Mutual Fund		57,022
*	FID BALANCED	Mutual Fund		258,479
*	FID BLUE CHIP GR	Mutual Fund		1,476,537
*	FID LARGE CAP STOCK	Mutual Fund		175,597
*	FID FOUR IN ONE IDX	Mutual Fund		34,290
*	FID INTL GROWTH	Mutual Fund		257,649
*	FID US BOND IDX	Mutual Fund		22,376
*	FID 500 INDEX	Mutual Fund		976,922
*	FID SM CAP IDX	Mutual Fund		78,127
*	FID TOTAL MKT IDX	Mutual Fund		139,112
*	FID INTL INDEX	Mutual Fund		53,503
*	FID EXTD MKT IDX	Mutual Fund		256,982
	Unit Investment Trust			
	INNOVATIVE INDL PPTYS INC CL A	Unit Investment Trust		18,313
	NEW RESIDENTIAL INVT CORP COM NPV (POST	Unit Investment Trust		9,940
	PROSHARES TR ULTRA MSCI BRAZI	Unit Investment Trust		46,489
	ETF MANAGERS TR AI POWERED EQT	Unit Investment Trust		1,492

Innovation First International 401(k) Profit Sharing Plan & Trust

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

December 31, 2020

EIN: 52-2361924 Plan Number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	** (d) Cost	(e) Current Value
	Common Stock			
	AGNICO EAGLE MINES LTD	Common Stock		$ 82,758
	ALIBABA GROUP HLDG LTD	Common Stock		2,327
	ALPHABET INC CAP STK CL C	Common Stock		1,752
	AMAZON.COM INC NFS LLC IS A MARKET	Common Stock		204,255
	AMERICAN EXPRESS CO NFS IS A SPECIALIST	Common Stock		69,932
	APPLE COMPUTER INC NFS LLC IS A MARKET	Common Stock		357,197
	AVALARA INC COM	Common Stock		2,473
	BP PLC SPON ADR REPSNTG	Common Stock		57
	BARCLAYS PLC ADR	Common Stock		411
	BATTLE NORTH GOLD CORP COM NPV	Common Stock		46
	BELO SUN MNG CORPORATION COM STK	Common Stock		158,481
	BERKSHIRE HATHAWAY INC DEL CL B NEW	Common Stock		1,159
	CINTAS CORP NFS LLC IS A MARKET	Common Stock		81,748
	COCA COLA CO NFS IS A SPECIALIST	Common Stock		100,178
	DISNEY WALT CO DEL (HOLDING COMPANY)	Common Stock		3,669
	EQUINOX GOLD CORP COM NPV(POST REV	Common Stock		104,906
	FIRST MAJESTIC SILVER CORP COM	Common Stock		17,965
	FORTUNA MINES INC ISIN #CA3499151080	Common Stock		97,121
	FRANCO NEV CORP COM ISIN #CA3518581051	Common Stock		92,957
	FRESHPET INC COM ISIN #US3580391056	Common Stock		4,260
	GLAXOSMITHKLINE PLC SPONSORED ADR	Common Stock		5,273
	HEALTHEQUITY INC COM USD0.0001	Common Stock		2,091
	HERSHEY FOODS CORP	Common Stock		128,704
	INTEL CORP NFS LLC IS A MARKET	Common Stock		1,025
	JD COM INC SPONSORED ADR REPSTG	Common Stock		2,637
	JOHNSON & JOHNSON NFS IS A SPECIALIST	Common Stock		240,270
	KEYSIGHT TECHNOLOGIES INC COM	Common Stock		19,814
	KINDER MORGAN INC DELAWARE COM USD0.01	Common Stock		5,714
	KIRKLAND LAKE GOLD COM NPV	Common Stock		48,315
	KOHLS CORP NFS LLC IS A SPECIAL	Common Stock		681
	MAG SILVER CORP ISIN #CA55903Q1046	Common Stock		75,984
	MCDONALDS CORP NFS IS A SPECIALIST	Common Stock		42,329
	MICROSOFT CORP NFS LLC IS A MARKET	Common Stock		162,707
	MOMO INC ADR ISIN #US60879B1070	Common Stock		954
	NEW PAC METALS CORP COM NPV	Common Stock		59,770
	NEXTERA ENERGY INC COM	Common Stock		3,153
	NIKE INC CLASS B NFS IS A SPECIALIST	Common Stock		10,350
	NORTH AMERN CANNABIS HLDGS INC COM	Common Stock		351
	OSISKO MINING CORP COM NPV	Common Stock		51,375
	PALANTIR TECHNOLOGIES INC CL	Common Stock		117,750
	RESTRICTED PURATION INC	Common Stock		-
	ROYAL GOLD INC	Common Stock		22,446
	SABINA GOLD & SILVER CORP COM	Common Stock		96,938
	SANDSTORM GOLD LIMITED COM NPV(POST	Common Stock		11,831
	SEABRIDGE RESOURCES INC	Common Stock		96,788
	SILVERCORP METALS INC	Common Stock		43,327
	SILVERCREST METALS INC COM NPV	Common Stock		55,845
	SPIRIT AEROSYSTEMS HLDGS INC CL A	Common Stock		6,043
	SPROTT INC COM NPV(POST REV SPLIT)	Common Stock		15,900
	STARBUCKS CORP NFS LLC IS A MARKET	Common Stock		62,231
	SYSCO CORP NFS LLC IS A	Common Stock		4,013
	3M COMPANY NFS IS A SPECIALIST	Common Stock		2,949
	TOREX GOLD RESOURCES INC COM NPV (POST	Common Stock		63,743
	VICTORIA GOLD CORP COM NPV(POST REV	Common Stock		12,132
	VISA INC COM CL A	Common Stock		59,321
	WHITEHORSE GOLD CORP COM NPV	Common Stock		3,652
	MEDTRONIC PLC USD0.0001	Common Stock		12,184
	AFLAC INC NFS IS A SPECIALIST	Common Stock		480
	Total investments, at fair value			16,537,663
*	Notes receivable from participants, with interest rates of 4.25% - 6.50%, through November 2025			$ 224,587

* A party-in-interest as defined by ERISA

** Column (d) is not applicable as all investments are participant-directed.

Innovation First International 401(k) Profit Sharing Plan & Trust

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

December 31, 2020

EIN: 52-2361924 Plan Number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Money Market Funds	Money Market Funds		$ 4,092,066
	Mutual Funds			
	J H ENTERPRISE T	Mutual Fund		236,265
	LOOMIS CORE PL BD Y	Mutual Fund		46,808
	INVS DIVRS DIVD R5	Mutual Fund		117,772
	HTFD INTL OPPS R4	Mutual Fund		70,218
	VRTS C MDCP VAL EQ I	Mutual Fund		58,463
	EV INC FUND BOSTON A	Mutual Fund		51,987
	JPM SM CAP VALUE I	Mutual Fund		10,401
	PIMCO REAL RTN BD AD	Mutual Fund		16,011
	TRP TARGET 2020 ADV	Mutual Fund		357,360
	TRP TARGET 2025 ADV	Mutual Fund		713,690
	TRP TARGET 2030 ADV	Mutual Fund		799,955
	TRP TARGET 2035 ADV	Mutual Fund		40,818
	TRP TARGET 2040 ADV	Mutual Fund		309,089
	TRP TARGET 2045 ADV	Mutual Fund		781,565
	TRP TARGET 2050 ADV	Mutual Fund		763,293
	TRP TARGET 2055 ADV	Mutual Fund		601,198
	TRP TARGET 2060 ADV	Mutual Fund		366,101
	PARNASSUS MID CAP	Mutual Fund		35,227
	GLENMEDE SMCP EQ ADV	Mutual Fund		167,655
*	FID GNMA	Mutual Fund		106,167
*	FID OVERSEAS	Mutual Fund		57,022
*	FID BALANCED	Mutual Fund		258,479
*	FID BLUE CHIP GR	Mutual Fund		1,476,537
*	FID LARGE CAP STOCK	Mutual Fund		175,597
*	FID FOUR IN ONE IDX	Mutual Fund		34,290
*	FID INTL GROWTH	Mutual Fund		257,649
*	FID US BOND IDX	Mutual Fund		22,376
*	FID 500 INDEX	Mutual Fund		976,922
*	FID SM CAP IDX	Mutual Fund		78,127
*	FID TOTAL MKT IDX	Mutual Fund		139,112
*	FID INTL INDEX	Mutual Fund		53,503
*	FID EXTD MKT IDX	Mutual Fund		256,982
	Unit Investment Trust			
	INNOVATIVE INDL PPTYS INC CL A	Unit Investment Trust		18,313
	NEW RESIDENTIAL INVT CORP COM NPV (POST	Unit Investment Trust		9,940
	PROSHARES TR ULTRA MSCI BRAZI	Unit Investment Trust		46,489
	ETF MANAGERS TR AI POWERED EQT	Unit Investment Trust		1,492

Innovation First International 401(k) Profit Sharing Plan & Trust

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

December 31, 2020

EIN: 52-2361924 Plan Number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	** (d) Cost	(e) Current Value
	Common Stock			
	AGNICO EAGLE MINES LTD	Common Stock		$ 82,758
	ALIBABA GROUP HLDG LTD	Common Stock		2,327
	ALPHABET INC CAP STK CL C	Common Stock		1,752
	AMAZON.COM INC NFS LLC IS A MARKET	Common Stock		204,255
	AMERICAN EXPRESS CO NFS IS A SPECIALIST	Common Stock		69,932
	APPLE COMPUTER INC NFS LLC IS A MARKET	Common Stock		357,197
	AVALARA INC COM	Common Stock		2,473
	BP PLC SPON ADR REPSNTG	Common Stock		57
	BARCLAYS PLC ADR	Common Stock		411
	BATTLE NORTH GOLD CORP COM NPV	Common Stock		46
	BELO SUN MNG CORPORATION COM STK	Common Stock		158,481
	BERKSHIRE HATHAWAY INC DEL CL B NEW	Common Stock		1,159
	CINTAS CORP NFS LLC IS A MARKET	Common Stock		81,748
	COCA COLA CO NFS IS A SPECIALIST	Common Stock		100,178
	DISNEY WALT CO DEL (HOLDING COMPANY)	Common Stock		3,669
	EQUINOX GOLD CORP COM NPV(POST REV	Common Stock		104,906
	FIRST MAJESTIC SILVER CORP COM	Common Stock		17,965
	FORTUNA MINES INC ISIN #CA3499151080	Common Stock		97,121
	FRANCO NEV CORP COM ISIN #CA3518581051	Common Stock		92,957
	FRESHPET INC COM ISIN #US3580391056	Common Stock		4,260
	GLAXOSMITHKLINE PLC SPONSORED ADR	Common Stock		5,273
	HEALTHEQUITY INC COM USD0.0001	Common Stock		2,091
	HERSHEY FOODS CORP	Common Stock		128,704
	INTEL CORP NFS LLC IS A MARKET	Common Stock		1,025
	JD COM INC SPONSORED ADR REPSTG	Common Stock		2,637
	JOHNSON & JOHNSON NFS IS A SPECIALIST	Common Stock		240,270
	KEYSIGHT TECHNOLOGIES INC COM	Common Stock		19,814
	KINDER MORGAN INC DELAWARE COM USD0.01	Common Stock		5,714
	KIRKLAND LAKE GOLD COM NPV	Common Stock		48,315
	KOHLS CORP NFS LLC IS A SPECIAL	Common Stock		681
	MAG SILVER CORP ISIN #CA55903Q1046	Common Stock		75,984
	MCDONALDS CORP NFS IS A SPECIALIST	Common Stock		42,329
	MICROSOFT CORP NFS LLC IS A MARKET	Common Stock		162,707
	MOMO INC ADR ISIN #US60879B1070	Common Stock		954
	NEW PAC METALS CORP COM NPV	Common Stock		59,770
	NEXTERA ENERGY INC COM	Common Stock		3,153
	NIKE INC CLASS B NFS IS A SPECIALIST	Common Stock		10,350
	NORTH AMERN CANNABIS HLDGS INC COM	Common Stock		351
	OSISKO MINING CORP COM NPV	Common Stock		51,375
	PALANTIR TECHNOLOGIES INC CL	Common Stock		117,750
	RESTRICTED PURATION INC	Common Stock		-
	ROYAL GOLD INC	Common Stock		22,446
	SABINA GOLD & SILVER CORP COM	Common Stock		96,938
	SANDSTORM GOLD LIMITED COM NPV(POST	Common Stock		11,831
	SEABRIDGE RESOURCES INC	Common Stock		96,788
	SILVERCORP METALS INC	Common Stock		43,327
	SILVERCREST METALS INC COM NPV	Common Stock		55,845
	SPIRIT AEROSYSTEMS HLDGS INC CL A	Common Stock		6,043
	SPROTT INC COM NPV(POST REV SPLIT)	Common Stock		15,900
	STARBUCKS CORP NFS LLC IS A MARKET	Common Stock		62,231
	SYSCO CORP NFS LLC IS A	Common Stock		4,013
	3M COMPANY NFS IS A SPECIALIST	Common Stock		2,949
	TOREX GOLD RESOURCES INC COM NPV (POST	Common Stock		63,743
	VICTORIA GOLD CORP COM NPV(POST REV	Common Stock		12,132
	VISA INC COM CL A	Common Stock		59,321
	WHITEHORSE GOLD CORP COM NPV	Common Stock		3,652
	MEDTRONIC PLC USD0.0001	Common Stock		12,184
	AFLAC INC NFS IS A SPECIALIST	Common Stock		480
	Total investments, at fair value			16,537,663
*	Notes receivable from participants, with interest rates of 4.25% - 6.50%, through November 2025			$ 224,587

* A party-in-interest as defined by ERISA

** Column (d) is not applicable as all investments are participant-directed.

Innovation First International 401(k) Profit Sharing Plan & Trust

FORM 5500 SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2020

	Participant Contributions Transferred Late to the Plan.	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included:☑	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
*	$ 31,223	$ -	$ -	$ -	$ 31,223
**	$ 74,126	$ -	$ -	$ -	$ 74,126
***	$ 666,885	$ -	$ -	$ -	$ 666,885
****	$ 557,110	$ -	$ -	$ -	$ 557,110

* Plan year 2019 contributions
** Plan year 2018 contributions
*** Plan year 2017 contributions
**** Plan year 2016 contributions