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
NETRIX, LLC 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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)
NETRIX, LLC

2801 LAKESIDE DR.
BANNOCKBURN, IL 60015

2b Employer Identification Number (EIN)
36-4413678

2c Plan Sponsor's telephone number
847-964-5400

2d Business code (see instructions)
541519

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2021	GREGORY RICHARDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2021	GREGORY RICHARDS
	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**	348
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)**	290
a(2) Total number of active participants at the end of the plan year	**6a(2)**	300
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	64
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	364
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	364
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	258
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:

2A 2E 2F 2G 2J 2R 3B 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
NETRIX, LLC 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETRIX, LLC

D Employer Identification Number (EIN)
36-4413678

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	810848		01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	6282

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

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

FGMK FINANCIAL SERVICES, LLC
2801 LAKESIDE DR., 3RD FLOOR
BANNOCKBURN, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	6282	TPA PARTNERSHIP PROGRAM	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	839536
5	Current value of plan's interest under this contract in separate accounts at year end	5	16534077

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	587631
c	Additions: (1) Contributions deposited during the year	7c(1)	32789		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7033		
	(4) Transferred from separate account	7c(4)	255796		
	(5) Other (specify below)	7c(5)	24889		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	320507
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	908138
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	68366		
	(2) Administration charge made by carrier	7e(2)	236		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	68602
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	839536

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
NETRIX, LLC 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETRIX, LLC

D Employer Identification Number (EIN)
36-4413678

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

(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 ☐

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
NETRIX, LLC 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NETRIX, LLC

D Employer Identification Number (EIN)
36-4413678

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	839536

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
NETRIX, LLC 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETRIX, LLC

D Employer Identification Number (EIN)
36-4413678

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27779	30195
(2) Participant contributions	1b(2)	790	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101562	179622
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	421879	570441
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	267561	178698
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12030168	15308298
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	430844	475717
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	587631	839536
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13868214	17582507
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13868214	17582507

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)	349119	
	(B) Participants	2a(1)(B)	1955673	
	(C) Others (including rollovers)	2a(1)(C)	205	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2304997
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12465	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12465
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	56599	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56599
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2114727
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4488788
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	773195	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		773195
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1300	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		774495
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3714293
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [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) [ ] DOL Regulation 2520.103-8 **(2)** [X] 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: SUMMIT CPA GROUP, LLC **(2)** EIN: 11-3730017

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	

			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**			

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
NETRIX, LLC 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETRIX, LLC

D Employer Identification Number (EIN)
36-4413678

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): 71-0294708

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_____

Netrix, LLC 401(k) Plan & Trust

Audit Report of Financial Statements

For the period ended December 31, 2020 and 2019

Summit CPA Group

9809 Dawson's Creek Blvd.

Fort Wayne, IN 46825

♯Phone: 260-918-8824

kim@summitcpa.net www.summitcpa.net

NETRIX, LLC 401(k) PLAN & TRUST

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To the Administrative Committee of the
Netrix, LLC 401(k) Plan & Trust
Bannockburn, IL

Report on the Financial Statements

We have audited the accompanying financial statements of the Netrix, LLC 401(k) Plan & Trust, 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 audits 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 Section 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 investment information summarized in Note C, which was certified by The Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

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.

Other Matter – Supplemental Schedule

The supplemental schedule, the schedule of assets held as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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 information certified by the custodian, 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 ERISA.

Summit CPA Group

Summit CPA Group, LLC
Fort Wayne, Indiana
September 20, 2021

NETRIX, LLC 401(k)
PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Investments at Fair Value, see Note D	$ 16,534,078	$ 12,984,453
Investments at Contract Value, see Note E	839,536	587,631
Receivables		
Participant contributions	-	790
Employer contributions	30,195	27,779
Notes Receivable from Participants	178,698	267,561
Total Receivables	208,893	296,130
TOTAL ASSETS	17,582,507	13,868,214
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,582,507	$ 13,868,214

See accompanying notes to the financial statements.

NETRIX LLC 401(k)
PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Interest and dividend income	$	63,632
Net appreciation (depreciation) in fair value of investments		2,107,792
Total Investment Income (Loss)		2,171,424
Interest Income on Notes Receivable from Participants		12,367
CONTRIBUTIONS		
Participants		1,955,673
Employer		349,119
Rollover		205
Total contributions		2,304,997
Total additions		4,488,788
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		773,195
Administrative expenses		1,300
Total deductions		774,495
NET INCREASE (DECREASE)		3,714,293
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		13,868,214
End of year	$	17,582,507

See accompanying notes to the financial statements.

NOTE A – PLAN DESCRIPTION

The following description of the Netrix, LLC 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

GENERAL
The Plan is a defined contribution plan sponsored by Netrix, LLC (the "Company") with a plan year end of December 31st. The Plan is a defined contribution plan, covering all employees of Netrix, LLC, N+2, LLC, and Netexpress, LLC (collectively the "Employer") who have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was organized January 1, 2006 and amended effective January 1, 2020 to modify existing hardship distribution provisions. The most recent amendment was effective March 27, 2020 to incorporate the CARES Act provisions for distributions and loans.

The provisions of the Plan are included in the official Plan document, which legally governs the operations of the Plan and is available for more detailed information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

ELIGIBILITY
Covered employees are eligible to participate in the Plan immediately upon meeting the age of 21. Employees who have completed 6 months of service are eligible for matching contributions. Employees must have 1,000 hours of service to receive the profit sharing contributions. Both the matching and profit sharing contributions require the participant be employed on the last day of the Plan year to receive the contributions.

PARTICIPANT AND COMPANY CONTRIBUTIONS
Each year, participants may elect to make pre-tax or Roth after-tax contributions to the Plan from 1 to 90% of eligible compensation, subject to a maximum annual limitation set by the Internal Revenue Service (IRS). Participants who have attained age 50 or more before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan using amounts distributed to them from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a discretionary, matching contribution to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan for any employee still employed as of the last day of the year. For the plan years ended December 31, 2020 and 2019, the Company made a matching contribution of 50% of participant contributions, up to a maimum of 1.5% of the participant's eligible compensation.

In addition, the Company may make a discretionary, profit sharing contribution to the Plan. Allocation of these contributions to participants will be made in accordance with a formula selected by the Company as defined in the Plan Document. For the plan years ended December 31, 2020 and 2019, no discretionary, profit sharing contributions were made. All Company contributions are invested as directed by the participant.

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

NOTE A – PLAN DESCRIPTION – CONT.

VESTING AND FORFEITURES
Participants are immediately vested in their contributions and the Employer matching contributions and the income earned on such contributions. For Employer profit sharing contributions, vesting is based on years of service as follows:

Years of Service	Vested %
<2	-0- %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Upon termination of active participation in the Plan, other than as a result of retirement, total or permanent disability or death, the non-vested portion of the participant's account will be forfeited. Forfeitures of non-vested accounts may be used to reduce future employer contributions or pay for Plan expenses. There were no forfeitures used in 2020 to pay for plan expenses or reduce employer contributions. The ending balance in the forfeiture account as of December 31, 2020 and 2019 was $1,178 and $7, respectively.

PAYMENT OF BENEFITS
Distributions of benefits are defined in the Plan document. Generally, upon termination of employment, death, disability, or normal retirement, a participant (or designated beneficiary) may elect to receive 100% of his or her vested account balance in either a lump sum cash payment, in annual installments, or a direct rollover to another qualified plan. Distribution of a participant's salary deferral contributions and Company contribution accounts may also be made in the case of certain financial hardships.

NOTES RECEIVABLE FROM PARTICIPANTS
Participants may borrow from their accounts up to the lesser of 50% of the participant's vested account balance minus any existing loan balance, or $50,000 reduced by the participant's highest outstanding loan balance in the previous twelve months even if all or a portion of this amount has been repaid. The minimum loan amount is $1,000. Loans may be taken from all participant accounts. The loans are secured by the balance in the participant's account. Repayment of loans shall not exceed five years except for loans used to acquire the participant's principal residence in which case the loan term may not exceed 10 years. Loans bear interest at the rate of prime plus 1%. Loans are to be repaid through level installment payments at least quarterly, over a period not to exceed five years. The plan allows for two outstanding loans per participant.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTE B – SUMMARY OF ACCOUNTING POLICIES – CONT.

USE OF ESTIMATES
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America 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 vary from these estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION
Investments are reported at fair value (except for fully benefit-responsive investement contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

PAYMENT OF BENEFITS
Benefit payments to participants and their beneficiaries are recorded when paid.

OPERATING EXPENSES
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to trustee, legal, and accounting fees are paid by the Company.

DATE OF MANAGEMENT REVIEW
Subsequent events were evaluated through September 20, 2021, which is the date the financial statements were available to be issued. Management is not required to and has not evaluated events or transactions that occurred after September 20, 2021.

NOTE C – UNAUDITED INVESTMENT INFORMATION CERTIFIED BY CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations and disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the custodian, The Voya Retirement Insurance and Annuity Company (Voya) and was not subjected to any auditing procedures performed by the independent public accountants.

a. All investments shown in the accompanying statements of net assets available for benefits and the notes receivable from participants.
b. Net Investment income from the investments, as shown in the accompanying statement of changes in net assets available for benefits, including dividends and interest income and net realized and unrealized appreciation (depreciation) in the fair value of assets.

NOTE D – FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation method 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 and 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 of the assets and liabilities.

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

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

Pooled Separate Accounts: Valued at the net asset value ("NAV") of units held by the Plan at year end. The NAV is based on the fair value of the underlying mutual funds held by the account less its liabilities and then divided by the number of units outstanding. The mutual funds held in the accounts are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the accounts are deemed to be actively traded. NAV is used as a practical expedient to estimate fair value.

Self-directed Brokerage Accounts: Accounts primarily consist of mutual funds, money market accounts and common stocks that are valued on the basis of readily determinable market prices.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation method is 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.

NOTE D – FAIR VALUE MEASUREMENTS – CONT.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 1,225,780	$ -	$ -	$ 1,225,780
Other Investments Measured at Net Asset Value (a)	-	-	-	15,308,298
Total Investment Assets at Fair Value	$ 1,225,780	$ -	$ -	$ 16,534,078

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 954,285	$ -	$ -	$ 954,285
Other Investments Measured at Net Asset Value (a)	-	-	-	12,030,168
Total Investment Assets at Fair Value	$ 954,285	$ -	$ -	$ 12,984,453

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively. There are no participant redemption restrictions for these investments; the redemption notice period isapplicable only to the Plan.

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Pooled Separate Accounts	$ 15,308,298	Not applicable	Daily	30 days

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Pooled Separate Accounts	$ 12,030,168	Not applicable	Daily	30 days

NOTE E – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan has traditional investment contracts maintained in a general account with Voya. The contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of these traditional investment contracts held by the Plan was $839,536 and $587,631 at December 31, 2020 and 2019, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than one percent. The crediting rate is reviewed on an annual basis for resetting. The contracts cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's failure to qualify under Sectin 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code, (2) premature termination of the contracts, (3) Plan termination or merger, (4) changes to the Plan's prohibition on competing investment options, (5) Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contracts issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

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

Certain Plan investments are shares of pooled separate accounts and a fully benefit-responsive contract that are managed by Voya. Voya is the custodian of plan assets, and, therefore, these transactions qualify as party-in-interest transactions. The notes receivable from participant transactions also qualify as party-in-interest transactions. Audit fees and certain other administrative expenses are rendered by parties in interest and are paid by the Company. The Company also provides certain administrative services for the Plan for which it receives no compensation.

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H – TAX STATUS

The Employer adopted a Prototype Non-Standardized Cash or Deferred Profit Sharing Plan, which received a favorable opinion letter from the Internal Revenue Service on March 31, 2014, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been modified since receiving such letter, however, the Employer and the Plan's advisors believe that the Plan is designed and is being operated in accordance with the applicable provisions of the Internal Revenue Code. The Employer is not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE I – PLAN TERMINATION

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

NOTE J – IMPACT OF CORONAVIRUS AND CARES ACT

As a result of the Coronavirus pandemic, Congress enacted the Coronavirus Aid, Relief and Economic Security Act; (CARES Act) on March 27, 2020. The Company has made elections from the CARES Act, but has not formally amended the Plan document to reflect the following elections made:

- Qualified individuals may elect an in-service coronavirus-related withdrawal. A coronavirus-related distribution of up to $ 100,000 is allowed for the period on or after January 1, 2020, and prior to December 31, 2020, with an option to repay over a three-year period. Additional rules may apply.

SUPPLEMENTAL SCHEDULE

NETRIX LLC 401(k) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

TEIN: 36-4413678 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	Money Market Accounts			
	TD Ameritrade	Insured Deposit Account	-	179,622
	Guaranteed Investment Contracts			
*	Voya Financial	Voya Fixed Account - 1% interest rate	**	839,536
	Pooled Separate Accounts:			
*	Voya Financial	DFA Intl Value Portfolio Inst	**	44,652
*	Voya Financial	American Funds EuroPacific Growth	**	81,176
*	Voya Financial	American Funds New Perspective	**	122,976
*	Voya Financial	DFA Emerging Markets Portfolio Inst	**	128,478
*	Voya Financial	American Funds Cap Inc. Builder	**	10,164
*	Voya Financial	American Funds New World	**	126,219
*	Voya Financial	Thomburg International Value Fund	**	61,881
*	Voya Financial	Vanguard Emerging Markets Stock Index Fund	**	230,181
*	Voya Financial	Vanguard Total Int'l Stock Index Admiral	**	94,268
*	Voya Financial	Vanguard Mid-Cap Index Fund Admiral	**	192,023
*	Voya Financial	Vanguard Small-Cap Index Fund Admiral	**	378,341
*	Voya Financial	DFA Real Estate Securities Port Inst	**	94,062
*	Voya Financial	PIMCO Commodity RIRtn Strategy Fund Inst	**	9,487
*	Voya Financial	DFA U.S. Targeted Value Port Inst	**	68,015
*	Voya Financial	DFA U.S. Vector Equity Port Inst	**	5,328
*	Voya Financial	Carillon Eagle Small Cap Growth	**	82,719
*	Voya Financial	Vanguard Health Care Index Fund Admiral	**	632,208
*	Voya Financial	Neuberger Berman Mid-Cap Growth Fund	**	280,832
*	Voya Financial	Vanguard Gib Cap Cycle Fund Inv	**	25,893
*	Voya Financial	American Funds Growth Fund	**	273,980
*	Voya Financial	Janus Henderson Forty Fund N	**	360,490
*	Voya Financial	ClrBrg Aggr Growth Fund	**	209,215
*	Voya Financial	Vanguard 500 Index Fund Admiral	**	937,304
*	Voya Financial	Vanguard Total Stock Market Index Fund Admiral	**	375,575
*	Voya Financial	American Funds Washington Mutual Inv	**	42,158
*	Voya Financial	Vanguard LifeStrat Growth Fund Inv	**	2,680,443
*	Voya Financial	DFA U.S. Core Equity 1 Port Inst	**	64,955
*	Voya Financial	Invesco Comstock Fund	**	339,098
*	Voya Financial	Columbia Large Cap Value Fund	**	138,520
*	Voya Financial	American Funds Income Fund	**	36,050
*	Voya Financial	Invesco Equity & Income Fund	**	316,645
*	Voya Financial	Vanguard Balanced Index Fund Admiral	**	259,674
*	Voya Financial	Vanguard Target Retire 2015 Fund Inv	**	9,359
*	Voya Financial	Vanguard Target Retire 2035 Fund Inv	**	1,051,768
*	Voya Financial	Vanguard Target Retire 2045 Fund Inv	**	1,165,337
*	Voya Financial	Vanguard Target Retire 2025 Fund Inv	**	124,590
*	Voya Financial	Vanguard Target Retire 2020 Fund Inv	**	18,548
*	Voya Financial	Vanguard Target Retire 2030 Fund Inv	**	552,538
*	Voya Financial	Vanguard Target Retire 2040 Fund Inv	**	600,597
*	Voya Financial	Vanguard Target Retire 2050 Fund Inv	**	787,356
*	Voya Financial	Vanguard Target Retire 2055 Fund Inv	**	419,872
*	Voya Financial	Vanguard LifeStrat Conservative Growth Fund	**	405,516
*	Voya Financial	Vanguard LifeStrat Income Fund Inv	**	12,278
*	Voya Financial	Vanguard LifeStrat Moderate Growth Fund Inv	**	438,977

See report of independent auditors on pages 1 and 2.

NETRIX LLC 401(K)
PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020
EIN: 36-4413678 PLAN NUMBER: 001
INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Voya Financial	Vanguard Target Retire 2060 Fund Inv	**	166,707
*	Voya Financial	Vanguard Target Retire 2065 Fund Inv	**	4,024
*	Voya Financial	PIMCO Total Return Fund	**	45,383
*	Voya Financial	PIMCO High Yield Fund	**	41,176
*	Voya Financial	Vanguard Total Bond Market Ind Fund Admiral	**	191,176
*	Voya Financial	DFA U.S. Large Cap Value Port Inst	**	151,962
*	Voya Financial	DFA Inflation-Protected Securities Port Inst	**	13,135
*	Voya Financial	DFA Interm Government Fixed Income Pt Inst	**	182,490
*	Voya Financial	DFA Short-Term Extend Quality Port Inst	**	68,820
*	Voya Financial	Inv Intl Bond Fund	**	5,559
*	Voya Financial	Invesco Corporate Bond Fund	**	37,487
*	Voya Financial	Loomis Sayles Strategic Inc. Fund N	**	109,455
*	Voya Financial	Voya Government Money Market Fund A	**	1,178
	Sub-Total Pooled Separate Accounts			**15,308,298**
	Mutual Funds:			
	TD Ameritrade	Aberdeen Select International A	**	8,247
	TD Ameritrade	Jensen Quality Growth	**	18,756
	TD Ameritrade	Schwab Core Equity Fund	**	8,242
	TD Ameritrade	Select Sector SPDR Trust	**	68,017
	TD Ameritrade	SPDR S & P 500 ETF Trust	**	336,492
	TD Ameritrade	Columbia Small Cap Gr Fund	**	12,475
	TD Ameritrade	Touchstone Mid Cap Value Y	**	9,918
	TD Ameritrade	Touchstone Strat Tr Value Fund Y	**	13,570
	Sub-Total Mutual Funds			**475,717**
	Corporate Stocks (Common):			
	Alliance	Alliance Data System	**	1,037
	Apple	Apple	**	101,409
	Best Buy	Best Buy Co.	**	4,491
	Boeing	Boeing Co.	**	2,141
	Cerner	Cerner Corp.	**	3,453
	Chase	Chase Corp.	**	2,424
	Checkpoint	Checkpoint Software	**	2,924
	Chromadez	Chromadez Corp.	**	960
	Citrix	Citrix Systems Inc.	**	6,505
	CO Diagnostics	CO Diagnostics Inc.	**	279
	Comcast	Comcast Corp.	**	15,720
	Credit Acceptance	Credit Acceptance Corp.	**	1,731
	Dorman	Dorman Products Inc.	**	3,125
	EBIX	EBIX Inc.	**	1,519
	EGAN	Egain Corporation	**	2,362
	SOLO	Electrameccanica Vehs Corp	**	618
	ERIC	Ericsson ADR	**	1,195
	FISV	Fiserve Inc.	**	3,416
	FIVN	Five9 Inc.	**	26,160
	GE	General Electric	**	648
	GNTX	Gentex Corp.	**	4,072
	GL	Globe Life Inc.	**	2,754

See report of independent auditors on pages 1 and 2.

NETRIX LLC 401(K)
PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020
EIN: 36-4413678 PLAN NUMBER: 001
INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	HD	Home Depot	**	26,562
	IEP	Icahn Enterprises LP	**	267,656
	IOSP	Innospec Inc.	**	3,175
	INO	Inovio Pharmaceuticals Inc.	**	27
	ICE	Intercontinental Exchange	**	4,727
	LLIT	Lianluo Smart Limited	**	50
	MD	Mednax Inc.	**	1,595
	MIDD	MiddlebyCrop.	**	2,449
	MSI	Motorola	**	2,380
	EGOV	NIC Inc.	**	4,004
	NVO	Novo-Nordisk A S	**	3,423
	PEP	Pepsico Inc.	**	5,191
	PINS	Pinterest Inc.	**	1,648
	PFE	Pfizer Inc.	**	1,841
	PNM	PNM Resources	**	1,699
	PLTR	Palantir Tech Inc.	**	1,884
	ROST	Ross Stores Inc.	**	3,070
	SBH	Sally Beauty Holdings	**	1,734
	SIRI	Sirius XM Holdings Inc.	**	1,911
	SWKS	Skyworks Solutions	**	5,198
	SJM	Smucker Company	**	2,659
	TLRY	Tilray Inc.	**	83
	TSCO	Tractor Supply Co	**	4,499
	TDG	Transdigm Group Inc.	**	4,332
	ULTA	Ulta Beauty Inc.	**	2,872
	UHS	Universal Health Services	**	2,475
	VTRS	Viatris Inc.	**	112
	SPCE	Virgin Galactic Holdings	**	1,139
	V	Visa Inc. Com Cl A	**	3,717
	DIS	Walt Disney Co	**	19,386
	Sub-Total Corporate Stocks:			**570,441**
	Notes Receivable from Participants	Maturity dates through September 2029 Interest rates from 4.25% - 6.50%	-	178,698
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR			$ 17,552,312

* Denotes parties in interest
** Cost omitted for participant-directed investments

See report of independent auditors on pages 1 and 2.

NETRIX LLC 401(k) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

TEIN: 36-4413678 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	Money Market Accounts			
	TD Ameritrade	Insured Deposit Account	-	179,622
	Guaranteed Investment Contracts			
*	Voya Financial	Voya Fixed Account - 1% interest rate	**	839,536
	Pooled Separate Accounts:			
*	Voya Financial	DFA Intl Value Portfolio Inst	**	44,652
*	Voya Financial	American Funds EuroPacific Growth	**	81,176
*	Voya Financial	American Funds New Perspective	**	122,976
*	Voya Financial	DFA Emerging Markets Portfolio Inst	**	128,478
*	Voya Financial	American Funds Cap Inc. Builder	**	10,164
*	Voya Financial	American Funds New World	**	126,219
*	Voya Financial	Thomburg International Value Fund	**	61,881
*	Voya Financial	Vanguard Emerging Markets Stock Index Fund	**	230,181
*	Voya Financial	Vanguard Total Int'l Stock Index Admiral	**	94,268
*	Voya Financial	Vanguard Mid-Cap Index Fund Admiral	**	192,023
*	Voya Financial	Vanguard Small-Cap Index Fund Admiral	**	378,341
*	Voya Financial	DFA Real Estate Securities Port Inst	**	94,062
*	Voya Financial	PIMCO Commodity RIRtn Strategy Fund Inst	**	9,487
*	Voya Financial	DFA U.S. Targeted Value Port Inst	**	68,015
*	Voya Financial	DFA U.S. Vector Equity Port Inst	**	5,328
*	Voya Financial	Carillon Eagle Small Cap Growth	**	82,719
*	Voya Financial	Vanguard Health Care Index Fund Admiral	**	632,208
*	Voya Financial	Neuberger Berman Mid-Cap Growth Fund	**	280,832
*	Voya Financial	Vanguard Gib Cap Cycle Fund Inv	**	25,893
*	Voya Financial	American Funds Growth Fund	**	273,980
*	Voya Financial	Janus Henderson Forty Fund N	**	360,490
*	Voya Financial	ClrBrg Aggr Growth Fund	**	209,215
*	Voya Financial	Vanguard 500 Index Fund Admiral	**	937,304
*	Voya Financial	Vanguard Total Stock Market Index Fund Admiral	**	375,575
*	Voya Financial	American Funds Washington Mutual Inv	**	42,158
*	Voya Financial	Vanguard LifeStrat Growth Fund Inv	**	2,680,443
*	Voya Financial	DFA U.S. Core Equity 1 Port Inst	**	64,955
*	Voya Financial	Invesco Comstock Fund	**	339,098
*	Voya Financial	Columbia Large Cap Value Fund	**	138,520
*	Voya Financial	American Funds Income Fund	**	36,050
*	Voya Financial	Invesco Equity & Income Fund	**	316,645
*	Voya Financial	Vanguard Balanced Index Fund Admiral	**	259,674
*	Voya Financial	Vanguard Target Retire 2015 Fund Inv	**	9,359
*	Voya Financial	Vanguard Target Retire 2035 Fund Inv	**	1,051,768
*	Voya Financial	Vanguard Target Retire 2045 Fund Inv	**	1,165,337
*	Voya Financial	Vanguard Target Retire 2025 Fund Inv	**	124,590
*	Voya Financial	Vanguard Target Retire 2020 Fund Inv	**	18,548
*	Voya Financial	Vanguard Target Retire 2030 Fund Inv	**	552,538
*	Voya Financial	Vanguard Target Retire 2040 Fund Inv	**	600,597
*	Voya Financial	Vanguard Target Retire 2050 Fund Inv	**	787,356
*	Voya Financial	Vanguard Target Retire 2055 Fund Inv	**	419,872
*	Voya Financial	Vanguard LifeStrat Conservative Growth Fund	**	405,516
*	Voya Financial	Vanguard LifeStrat Income Fund Inv	**	12,278
*	Voya Financial	Vanguard LifeStrat Moderate Growth Fund Inv	**	438,977

See report of independent auditors on pages 1 and 2.

NETRIX LLC 401(K)
PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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*	Voya Financial	Vanguard Target Retire 2060 Fund Inv	**	166,707
*	Voya Financial	Vanguard Target Retire 2065 Fund Inv	**	4,024
*	Voya Financial	PIMCO Total Return Fund	**	45,383
*	Voya Financial	PIMCO High Yield Fund	**	41,176
*	Voya Financial	Vanguard Total Bond Market Ind Fund Admiral	**	191,176
*	Voya Financial	DFA U.S. Large Cap Value Port Inst	**	151,962
*	Voya Financial	DFA Inflation-Protected Securities Port Inst	**	13,135
*	Voya Financial	DFA Interm Government Fixed Income Pt Inst	**	182,490
*	Voya Financial	DFA Short-Term Extend Quality Port Inst	**	68,820
*	Voya Financial	Inv Intl Bond Fund	**	5,559
*	Voya Financial	Invesco Corporate Bond Fund	**	37,487
*	Voya Financial	Loomis Sayles Strategic Inc. Fund N	**	109,455
*	Voya Financial	Voya Government Money Market Fund A	**	1,178
	Sub-Total Pooled Separate Accounts			**15,308,298**
	Mutual Funds:			
	TD Ameritrade	Aberdeen Select International A	**	8,247
	TD Ameritrade	Jensen Quality Growth	**	18,756
	TD Ameritrade	Schwab Core Equity Fund	**	8,242
	TD Ameritrade	Select Sector SPDR Trust	**	68,017
	TD Ameritrade	SPDR S & P 500 ETF Trust	**	336,492
	TD Ameritrade	Columbia Small Cap Gr Fund	**	12,475
	TD Ameritrade	Touchstone Mid Cap Value Y	**	9,918
	TD Ameritrade	Touchstone Strat Tr Value Fund Y	**	13,570
	Sub-Total Mutual Funds			**475,717**
	Corporate Stocks (Common):			
	Alliance	Alliance Data System	**	1,037
	Apple	Apple	**	101,409
	Best Buy	Best Buy Co.	**	4,491
	Boeing	Boeing Co.	**	2,141
	Cerner	Cerner Corp.	**	3,453
	Chase	Chase Corp.	**	2,424
	Checkpoint	Checkpoint Software	**	2,924
	Chromadez	Chromadez Corp.	**	960
	Citrix	Citrix Systems Inc.	**	6,505
	CO Diagnostics	CO Diagnostics Inc.	**	279
	Comcast	Comcast Corp.	**	15,720
	Credit Acceptance	Credit Acceptance Corp.	**	1,731
	Dorman	Dorman Products Inc.	**	3,125
	EBIX	EBIX Inc.	**	1,519
	EGAN	Egain Corporation	**	2,362
	SOLO	Electrameccanica Vehs Corp	**	618
	ERIC	Ericsson ADR	**	1,195
	FISV	Fiserve Inc.	**	3,416
	FIVN	Five9 Inc.	**	26,160
	GE	General Electric	**	648
	GNTX	Gentex Corp.	**	4,072
	GL	Globe Life Inc.	**	2,754

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	HD	Home Depot	**	26,562
	IEP	Icahn Enterprises LP	**	267,656
	IOSP	Innospec Inc.	**	3,175
	INO	Inovio Pharmaceuticals Inc.	**	27
	ICE	Intercontinental Exchange	**	4,727
	LLIT	Lianluo Smart Limited	**	50
	MD	Mednax Inc.	**	1,595
	MIDD	MiddlebyCrop.	**	2,449
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