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
RIG-UP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)

RIGUP, INC.

111 CONGRESS AVE.
SUITE 900
AUSTIN, TX 78701

2b Employer Identification Number (EIN)
46-5175744

2c Plan Sponsor's telephone number
512-501-5452

2d Business code (see instructions)
541600

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.	10/15/2021	HILARY FRANCIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	500
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)**	448
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1225
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	185
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1410
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	1411
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	859
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:

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[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 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
RIG-UP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
46-5175744

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	35058	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY GLOBAL BANKING OPER

26-4310632

(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?
26	INVESTMENT ADVISOR	16638	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO ADVISORS

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	6023	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALV EMRG MKTS EQ I - DST ASSET MA 52-2269240	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FH KAUFMANN SM CP IS - STATE STREE 04-0025081	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUANCE MDCPVL INST - U.S. BANCORP P.O. BOX 701 MILWAUKEE, WI 53201	0.15%

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
RIG-UP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RIGUP, INC.

D Employer Identification Number (EIN)
46-5175744

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: MIP CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-024	C	581836

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
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b Name of plan sponsor	**c** EIN-PN
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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
RIG-UP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
46-5175744

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	10547	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	79545	37955
(2) Participant contributions	1b(2)	132390	123562
(3) Other	1b(3)	26651	5057908
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5051	15308
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	5765	276428
(9) Value of interest in common/collective trusts	1c(9)	0	581836
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4640791	23774766
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	4900740	29867763
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	20484
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	20484
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	4900740	29847279

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)**	2548973	
	(B) Participants	**2a(1)(B)**	5075446	
	(C) Others (including rollovers)	**2a(1)(C)**	3328157	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		10952576
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	5800	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		5800
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	397990	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		397990
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		25902
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		2890239
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		14272507
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3370006	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		3370006
f Corrective distributions (see instructions)	**2f**		2427
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses: **(1)** Professional fees	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	0	
(3) Investment advisory and management fees	**2i(3)**	0	
(4) Other	**2i(4)**	57944	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		57944
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		3430377
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		10842130
l Transfers of assets:			
(1) To this plan	**2l(1)**		14104409
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SAVILLE DODGEN AND COMPANY, PLLC **(2)** EIN: 90-0525804

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		279917

			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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
RIG-UP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
46-5175744

Part I Distributions

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

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

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

EIN(s): 04-6568107 75-3182674

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_____

RIGUP 401(k) PLAN

FINANCIAL STATEMENTS

AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2020



INDEPENDENT AUDITORS' REPORT

Those Charged with Plan Governance,
Plan Participants and Beneficiaries
RigUp 401(k) Plan
Austin, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of RigUp 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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

Plan 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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.

Saville, Dodgen & Company, P.L.L.C.
Certified Public Accountants & Advisors
700 North Pearl Street, Suite 1100
Dallas, Texas 75201
214-922-9727 Tel
214-740-1726 Fax
www.savillecpa.com

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investments and investment income of the Plan, which were certified by LT Trust Company and Fidelity Management Trust Company (the Custodians), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from January 28, 2020 to December 31, 2020, and that LT Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2019 and for the period January 1, 2020 to January 28, 2020. The Plan administrator has obtained certifications from the Custodians as of December 31, 2020 and 2019, that the information provided to the Plan administrator by the Custodians 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.

Supplemental Schedules

The supplemental schedule of assets (held at end of year) and the schedule of delinquent participant contributions, as of December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under 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 the supplemental schedules referred to above.

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 Custodians, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Saville, Dodgen & Co.

Saville, Dodgen & Company, P.L.L.C.
Dallas, Texas

October 15, 2021

RIGUP 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

ASSETS

	2020	2019
Cash	$ -	$ 10,547
Investments, at fair value	24,371,910	4,645,842
Receivables		
Participants' contributions	123,562	132,390
Employer's contributions	37,955	79,545
Employer's contributions - Other	64,972	26,651
Note receivable from participants	285,374	5,765
Plan merger receivable - assets in transit	4,992,936	-
Total receivables	5,504,799	244,351
TOTAL ASSETS	$ 29,876,709	$ 4,900,740

LIABILITIES

Excess contributions payable	$ 20,484	$ -
TOTAL LIABILITIES	$ 20,484	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,856,225	$ 4,900,740

See accompanying independent auditors' report and notes.

RIGUP, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Dividend income	$	397,990
Net appreciation in fair value of investments		2,916,141
Total investment gain		3,314,131
Interest income on notes receivable from participants		6,125
Contributions		
Participants		5,075,446
Employer, net of forfeitures		2,548,973
Rollovers		3,328,157
Total contributions		10,952,576
Total additions		14,272,832
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants		3,372,433
Administrative expenses		57,944
Total deductions		3,430,377
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		10,842,455
TRANSFER OF ASSETS FROM MERGED PLANS, NET		14,113,030
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year		4,900,740
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$	29,856,225

See accompanying independent auditors' report and notes.

1) DESCRIPTION OF PLAN

The following description of the RigUp 401(k) Plan (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 single-employer defined contribution plan covering substantially all full-time employees, except employees covered by a collective bargaining agreement, nonresident aliens, and interns of RigUp, Inc., or any affiliate who has adopted the Plan (collectively, the "Sponsor" or the "Company"). Participants are eligible to enter the Plan immediately upon attainment of age 21.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan originally began on January 1, 2018.

Effective January 28, 2020, Ally 401(k) Plan merged into the Plan. Effective June 1, 2020, Onshore Quality Control Specialist, LLC 401(k) Profit Sharing Plan merged into the Plan. Effective January 1, 2021 at 12:00 AM, Harvest Energy Services, Inc. and Avery Technical Resources, Inc. 401(k) Plan merged into the Plan. The Plan administrator deemed and thereby authorized the merger of the Plan into the RigUp 401(k) Plan effective as of the close of business on December 31, 2020.

Plan Amendments

Effective January 28, 2020, the Plan was amended and restated and a new custodian, administrator, recordkeeper, and trustee were appointed. The conversion initiated a blackout period which began January 16, 2020 and ended February 8, 2020. During this time period, contributions could not be applied to the employee-selected funds with the custodian or withdrawn from the Plan until the custodian could accurately complete the conversion. Employee contributions that continued to be made through payroll deductions were remitted at the end of the blackout period. At this time, funds were transferred to the investment options requested by participants.

Effective January 28, 2020, the Plan adopted the Bipartisan Budget Act of 2018, which removes the requirement that participants exhaust all loans under the Plan prior to requesting hardship withdrawals and eliminates the six-month suspension on employee contributions following a request for a hardship withdrawal.

Effective January 28, 2020, the Plan was amended to allow in-Plan Roth conversions. Any participant who is still employed by the Plan Sponsor may elect to have any part of their employee deferrals to be considered designated Roth contributions.

1) DESCRIPTION OF PLAN (Continued)

Plan Amendments (Continued)

Effective June 1, 2020, the Plan was amended to allow for a different vesting schedule for participants with contributions in a prior discretionary match funding source. The Plan will utilize the following vesting schedule for the participants with balances in this source:

Years of service	Vested %
1	25
2	50
3	75
4	100

COVID-19

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic has resulted in global disruptions which have caused economic uncertainty and significant volatility in financial markets. The duration of the economic uncertainty and market volatility caused by the pandemic continues and its effect on the Plan's net assets available for benefits and change in net assets available for benefits are uncertain and cannot be reasonably estimated as of the date of the audit report.

On March 27, 2020, the Coronavirus Aid Relief and Economic Security ("CARES") Act was enacted and signed into law. The provisions of the CARES Act were effective and operationalized immediately, prior to amending the Plan document. The Plan is operating under the provisions included in the CARES Act which allow qualified participants to receive coronavirus-related distributions without penalty. Additionally, required minimum distributions in 2020 were delayed by one year, but could have been received at the request of a participant.

Contributions

Participants may elect to contribute a percentage of their eligible compensation as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are also eligible to make catch up contributions. Participants may select from pre-tax or Roth deferrals. These contributions are tax deferred elective contributions and are subject to annual limitations established by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified retirement plans.

1) DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

The Company has elected to make matching contributions in compliance with Safe Harbor Plan requirements. The employer matching contribution is equal to 100% of the amount of the employee deferrals that do not exceed 4% of eligible compensation. The Company made a safe harbor matching contribution totaling $2,548,973 for the year ended December 31, 2020. The Company may also elect to make profit sharing contributions (non-elective contributions) equaling an amount established by management on an annual basis. No profit sharing contributions for the Plan year ended December 31, 2020 were made.

Investments

Plan participants have the opportunity to direct the investment decisions relating to the assets in their individual account balance. Currently, the Plan offers several investment choices. Participants may change their investment options for future contributions at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, if any, (b) the Company's profit sharing contribution, if any, (c) Plan earnings or losses, and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions and the Company's safe harbor matching and non-elective contributions plus actual earnings thereon. Effective June 1, 2020, participants earn vesting for amounts and related investment earnings in the prior discretionary match funding source based on years of continued service under the following vesting schedule:

Years of service	Vested %
1	25
2	50
3	75
4	100

1) DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000. One loan may be outstanding at a time. Loan principal and interest is generally repaid through payroll deductions and is reinvested in the participant's account according to the individual's investment election. Loan terms may not exceed five years. Loans are secured by the balances in the participant's accounts and bear interest rates equal to 1% in excess of the prime rate.

Payment of Benefits

Distributions generally will be made in the event of retirement, death, disability, resignation, or dismissal. Vested account balances can be distributed by transferring the balance to a different trustee (i.e., rollover) or lump-sum distribution. Vested account balances that do not exceed $5,000 will be subject to automatic distribution without participants' consent. All other accounts must receive participant consent before a distribution to the participant can occur.

Hardship Withdrawals

Hardship withdrawals are allowed for immediate and heavy financial needs from accounts which are fully vested.

Forfeitures

As participants are immediately vested in employer matching contributions, forfeitures are not applicable. Forfeitures incurred were due to overfunded employer match contributions. As of December 31, 2020, forfeitures totaled $23,022 and is included in investments at fair value on the accompanying statements of net assets available for benefits. Forfeitures transferred in due to plan mergers totaled $21,044 during the year ended December 31, 2020. Forfeitures incurred during the year totaled $13,732. Forfeitures used to reduce employer contributions totaled $12,939. Forfeitures used to pay administrative expenses totaled $225. The outstanding forfeitures balance as of December 31, 2019 was $5,061.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements for the Plan are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, changes therein, and associated disclosures. Actual results may vary from those estimates.

Investment Valuation and Income Recognition

The Plan's investments and investment gains (losses) are reflected at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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. The net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note Receivable from Participant

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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Excess contributions above IRS limitations must be refunded. The amount to be returned to the respective employees and the Company may be impacted by investment earnings and losses. As part of the Plan mergers, there was $20,484 in excess contributions as reported on the statement of net assets as of December 31, 2020. There were no excess contributions recorded for the year ended December 31, 2019.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits and Receipt of Contributions

Benefits paid to participants are recorded when paid. Contributions are recorded when deemed a receivable by the Plan.

Administrative Expenses

Fees and expenses charged to the Plan fall into three categories. Investment fees are generally assessed as a percentage of assets invested and are deducted directly from investment returns. Plan administration fees cover the day-to-day expenses of the Plan. In some cases, these costs are covered by investment fees that are deducted directly from investment returns. In other cases, these administrative fees are either paid directly by the Company or are charged as a record-keeping fee to participant accounts. Transaction based fees are associated with optional services offered under the Plan and are charged directly to participant accounts.

Administrative expenses amounted to $57,944 for the year ended December 31, 2020 and are included in administrative expenses on the statement of changes in net assets available for benefits.

3) INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN (UNAUDITED)

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

a. Investments, at fair value and notes receivable from participants, as shown in the statements of net assets available for benefits, as of December 31, 2020 and 2019.
b. Interest, dividends, and net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2020.
c. The schedule of assets held for investment purposes as of December 31, 2020, as shown in the supplemental schedule.

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

4) FAIR VALUE MEASUREMENTS

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

Level 1 – Quoted prices in active markets for identical assets or liabilities

Level 2 – Valuations based on inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly, such as quoted prices in markets that are not active; other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Valuations based on inputs that are unobservable and significant to the overall measurement.

The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of assets and liabilities within the fair value hierarchy. Because of the long-term nature of certain assets and liabilities measured at fair value as well as differences in the availability of market prices and market liquidity over their terms, inputs for some assets and liabilities may fall into any one of the three levels in the fair value hierarchy. GAAP requires us to classify these assets and liabilities in the lowest level in the hierarchy for which inputs are significant to the fair value measurement; a portion of that measurement may be determined using inputs from a higher level in the hierarchy.

The availability of valuation techniques and observable inputs can vary from investment to investment and is affected by a wide array of factors. In certain cases, the inputs used to measure fair value may fall into different levels of the hierarchy. For disclosure purposes, the level in the hierarchy within which the fair value measure in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement. The estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined.

To the extent that a specific valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. As such, the degree of judgment exercised by the Plan in determining fair value is greatest for investments in Level 3.

4) FAIR VALUE MEASUREMENTS (Continued)

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.

- *Money market funds*. The money market category includes money market mutual funds that generally invest in instruments that mature in one year or less and are valued at cost which approximates fair value. Also included in money market funds are certain Federal Deposit Insurance Corporation insured money market deposits that are valued at cost as they are cash equivalent holdings.

- *Mutual funds of registered investment companies*. Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

- *Common/collective trusts (NAV at practical expedient)*– Common/collective trusts are composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value reported in the statements of net assets available for benefits as follows:

	December 31, 2020 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Registered investment companies:				
Money market	$ 15,308	$ -	$ -	$ 15,308
Mutual funds	23,774,765	-	-	23,774,765
Investments measured at net asset value*				*581,837
Total investments, at fair value				$ 24,371,910

4) FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2019 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Registered investment companies:				
Money market	$ 5,051	$ -	$ -	$ 5,051
Mutual funds	4,640,791	-	-	4,640,791
Total investments, at fair value	$ 4,645,842	$ -	$ -	$ 4,645,842

The Plan has no financial instruments which were categorized using Level 3 inputs as of December 31, 2020 and 2019.

The Plan recognizes transfer between levels in the fair value hierarchy as of the end of the reporting period. There were no transfers between levels for the years ended December 31, 2020 and 2019.

Investments Measured Using Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020. There were no investments for which fair value was measured using the net asset value per share practical expedient as of December 31, 2019. There are no participant redemption restrictions for these investments; the redemption notice is applicable only to the Plan.

	December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Managed Income Portfolio Class II	$581,837	N/A	Daily	12 months

5) NONPARTICIPANT-DIRECTED INVESTMENTS

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2020 and 2019.

6) RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in funds offered by LT Trust and Fidelity Management Trust Company as the custodians of the Plan. Fees incurred by the Plan for investment management and custodial services are included in net appreciation in fair value of investments. Fees incurred by the Plan for record keeping services are included in administrative expenses and net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

Morgan Stanley Global Banking provides investment advisory services to the Plan. Fees incurred by the Plan for investment advisory services are included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

The Plan also permits loans to participants.

Certain administrative functions are performed by officers and employees of the Company for which the officers or employees receive no compensation from the Plan nor is the Plan charged by the Company for these services.

These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

7) MERGERS

Effective January 28, 2020, Ally 401(k) Plan, sponsored by Ally Consulting, LLC, merged into RigUp 401(k) Plan. At the time of the merger, plan assets transferred into the Plan totaled $1,944,783. Upon the transfer, the Plan was also amended to allow involuntary distributions of terminated participant vested account balances of $5,000 or less.

Effective June 1, 2020, the Plan was amended to merge Onshore Quality Control Specialists, LLC 401(k) Profit Sharing Plan, sponsored by Onshore Quality Control Specialists, LLC, into RigUp 401(k) Plan. At the time of the merger, plan assets transferred into the Plan totaled $5,628,420.

Effective January 1, 2021 at 12:00 AM, the Plan was amended to merge Avery Technical Resources, Inc. 401(k) Plan, sponsored by Avery Technical Resources, Inc. The Plan administrator deemed and thereby authorized the merger of the Plan into RigUp 401(k) Plan as effective as of the close of business on December 31, 2020. At the time of the merger, plan assets transferred into the Plan totaled $4,992,936.

Effective January 1, 2021 at 12:00 AM, the Plan was amended to merge Harvest Energy Service, Inc. 401(k) Plan, sponsored by Harvest Energy Service, Inc. The Plan administrator deemed and thereby authorized the merger of the Plan into RigUp 401(k) Plan as effective as of the close of business on December 31, 2020. At the time of the merger, plan assets transferred into the Plan totaled $1,546,891.

8) PLAN TERMINATION

Although no intent to do so has been expressed, the Sponsor has the right under the Plan to discontinue its contributions, if any, at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will automatically become 100% vested in their accounts and Plan assets will be distributed in accordance with the Plan document.

9) TAX STATUS

Effective January 28, 2020, the Plan is based on a Fidelity Management & Research Company volume submitter plan. Prior to that, the Plan was based on a prototype plan developed by CCH Incorporated DBA FTWilliam.com. Both plans received a favorable opinion letter dated March 31, 2014 from the IRS stating the prototype plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

10) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, fair value, 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 a participant's account balance and the amounts reported in the statement of net assets available for benefits.

11) VOLUNTARY CORRECTION PROGRAM

The Company determined that participants were not allowed to contribute on certain compensation that met the Plan's definition of eligible compensation in 2019 and 2018. The Company took remedial actions under the IRS's Employee Plans Compliance Resolution System (EPCRS) to correct the matter. During the Plan year ended December 31, 2020, corrective contributions, including lost earnings, were funded in the amount of $19,740. The corrective contributions were based upon the Plan provisions and was limited by various IRC regulations.

12) DELINQUENT TRANSMITTALS

During the Plan years ended December 31, 2020, 2019, and 2018, respectively, the Company failed to remit certain participant contributions and loan repayments totaling $1,016,868 within the period prescribed by the DOL's regulations. The Company will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

13) RECONCILIATION TO THE FORM 5500, SCHEDULE H

The following is a reconciliation of net assets available for benefits per the financial statements to the total net assets per the Form 5500 as of December 31, 2020.

	2020	2019
Net assets available for benefits per financial statements	$ 29,856,225	$ 4,900,740
Less: Deemed distributed loans	(8,946)	-
Total net assets available for benefits per Form 5500	$ 29,847,279	$ 4,900,740
Transfer of assets to merged plan – per financial statements	$ 14,113,030	
Deemed distributed loans	(8,621)	
Transfer of assets to merged plan – per Form 5500	$ 14,104,409	
Increase in net assets per the financial statements	$ 10,842,455	
Interest income on previously deemed distributed loans	(325)	
Increase in net assets per Form 5500	$ 10,842,130	

14) SUBSEQUENT EVENTS

The Plan has evaluated events that occurred through October 15, 2021, which is the date these financial statements were available to be issued.

Effective January 15, 2021, the Plan was amended to merge DKD Electric LLC into RigUp 401(k) Plan.

Effective January 1, 2021, the Plan was amended to add a 90 day eligibility service requirement for employer matching contributions. The Plan's definition of compensation was also amended to exclude bonuses, commissions, and stock options. In addition, the safe harbor match formula was modified to 100% on the first 3% of eligible compensation contributed to the Plan and 50% on the next 2% of eligible compensation contributed to the Plan. Lastly, there was a vesting schedule addendum as follows:

14) SUBSEQUENT EVENTS (Continued)

Participants of the DKD Electric LLC 401(k) Plan who terminated prior to January 1, 2021 and have funds in the discretionary profit sharing source are subject to the following vesting schedule:

Years of service	Vested %
1	0
2	20
3	40
4	60
5	80
6	100

Participants who have a balance in the DKD Electric Match source are subject to the following vesting schedule:

Years of service	Vested %
1	0
2	20
3	40
4	60
5	80
6	100

Participants who have a balance in the Harvest Energy Match source are subject to the following vesting schedule:

Years of service	Vested %
1	33
2	67
3	100

Participants who have a balance in the Onshore QCS Match source are subject to the following vesting schedule:

Years of service	Vested %
1	25
2	50
3	75
4	100

14) SUBSEQUENT EVENTS (Continued)

Effective July 1, 2021, the Plan was amended to change the name to Workrise Technologies Inc. 401(k) Plan.

SUPPLEMENTAL SCHEDULES

RIGUP 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN: 45-5175744
Plan # 001

(a)	(b) Identity of Issuer, Custodian, or Borrower	(c) Investment Description	*x* (d) Cost	(e) Current Value
	Money Market			
	LT Trust	Lincoln - Citibank MMkt		$ 15,303
	Fidelity	Fidelity Government Money Market Fund		5
	Mutual Fund			
	LT Trust	DFA Emerging Markets Small Cap Portfolio		30
	LT Trust	DFA Global Real Estate Securities Instl		1,149
	LT Trust	DFA International Small Company Portfolio		27
	LT Trust	Vanguard 500 Index Fund - ADMR		1,399
	LT Trust	Vanguard Growth Index FD - ADMR		46,208
	LT Trust	Vanguard Mid-Cap Growth Index Admiral		3,895
	LT Trust	Vanguard Mid-Cap Value Index Fund		18,858
	LT Trust	Vanguard Real Estate Index - ADMR		140,653
	LT Trust	Vanguard Short Term Infla Protect Sec Index		2,676
	LT Trust	Vanguard Small-Cap Growth Index		785
	LT Trust	Vanguard Total BD Mkt Index - ADMR		60,319
	LT Trust	Vanguard Total Int St Idx - AD		426,643
	LT Trust	Vanguard Total Intnl Bond Index FD - ADMR		153,596
	LT Trust	Vanguard Total Stk Mkt Index - ADMR		644,675
	LT Trust	Vanguard Value Index FD - ADMR		18,581
	Fidelity	Fidelity 500 Index Fund		729,420
	Fidelity	Fidelity Mid Cap Index Fund		167,985
	Fidelity	Fidelity Small Cap Index Fund		110,650
	Fidelity	Fidelity Inflation-Protected Bond Index Fund		291,676
	Fidelity	Fidelity Freedom Index Income Fund Institutional Premium Class		437
	Fidelity	Fidelity Freedom Index 2005 Fund Institutional Premium Class		19,306
	Fidelity	Fidelity Freedom Index 2010 Fund Institutional Premium Class		227,341
	Fidelity	Fidelity Freedom Index 2015 Fund Institutional Premium Class		175,610
	Fidelity	Fidelity Freedom Index 2020 Fund Institutional Premium Class		836,346
	Fidelity	Fidelity Freedom Index 2025 Fund Institutional Premium Class		1,204,568
	Fidelity	Fidelity Freedom Index 2030 Fund Institutional Premium Class		1,141,273
	Fidelity	Fidelity Freedom Index 2035 Fund Institutional Premium Class		1,318,999
	Fidelity	Fidelity Freedom Index 2040 Fund Institutional Premium Class		1,849,126
	Fidelity	Fidelity Freedom Index 2045 Fund Institutional Premium Class		2,957,326
	Fidelity	Fidelity Freedom Index 2050 Fund Institutional Premium Class		3,437,367
	Fidelity	Fidelity Freedom Index 2055 Fund Institutional Premium Class		3,455,291
	Fidelity	Fidelity Freedom Index 2060 Fund Institutional Premium Class		1,328,865
	Fidelity	Fidelity Freedom Index 2065 Fund Institutional Premium Class		33,770
	Fidelity	MIP2-Constant Duration		581,837
	Fidelity	PIMCO Income Fund Institutional Class		289,483
	Fidelity	BlackRock Mid-Cap Growth Equity Portfolio Class K		286,892
	Fidelity	Nuance Mid Cap Valu Fund Institutional Class		69,383
	Fidelity	Lord Abbett High Yield Fund Class R6		65,720
	Fidelity	T. Rowe Price Blue Chip Growth Fund I Class		729,275
	Fidelity	Federated Hermes Kaufmann Small Cap Fund Institutional Shares		216,745
	Fidelity	Calvert Emerging Markets Equity Fund Class I		138,501
	Fidelity	American Century Small Cap Value Fund R6 Class		114,123
	Fidelity	MFS Value Fund Class R6		296,562
	Fidelity	Templeton Global Bond Fund Class R6		18,401
	Fidelity	Western Asset Core Bond Fund Class IS		437,576
	Fidelity	Cohen & Steers Real Estate Securities Fund, Inc. Class Z		16,476
	Fidelity	MFS International Diversification Fund Class R6		290,778
		Total investments, at fair value		$ 24,371,910
*	Participant loans**	Interest rates ranging from 4.25% to 6.50%; maturing 2021 to 2028		$ 285,374

* Party-in-interest to the Plan
** The accompanying financial statements classify participant loans as notes receivable from participant.
x Cost is not required for participant-directed investments

See accompanying independent auditors' report and notes.

RIGUP 401(k) PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2020

EIN: 45-5175744
Plan # 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2018	$ -	$ -	$ 66,844	$ -
2019	$ -	$ -	$ 213,073	$ -
2020	$ -	$ -	$ 736,951	$ -

See accompanying independent auditors' report and notes.