

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE HYPERFORM EMPLOYEE STOCK OWNERSHIP PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2015</u>					
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) <u>HYPERFORM, INC.</u> <u>5440 SCHENCK AVENUE</u> <u>ROCKLEDGE, FL 32955</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-2932593</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>321-632-4466</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-2932593</u>	2c Plan Sponsor's telephone number <u>321-632-4466</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>59-2932593</u>					
2c Plan Sponsor's telephone number <u>321-632-4466</u>					
2d Business code (see instructions) <u>339900</u>					

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	ANGEL DIAZ
	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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	138
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)	114
a(2) Total number of active participants at the end of the plan year		6a(2)	108
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	36
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	147
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: 2I 2P 2Q 3I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 THE HYPERFORM EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HYPERFORM, INC.	D Employer Identification Number (EIN) 59-2932593	

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	212046	316149
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	58333	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 1897250	3337000
(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 2167629	3653149
Liabilities			
g	Benefit claims payable	1g 1082	2787
h	Operating payables	1h 0	1083
i	Acquisition indebtedness.....	1i 471750	377400
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 472832	381270
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 1694797	3271879

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0
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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B) 160234	
	(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)	160234
(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) 1439750	
	(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1599984

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4032	
(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)		4032
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		18870
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22902

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1577082
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CARR, RIGGS & INGRAM, LLC.**

(2) EIN: **72-1396621**

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:

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.)

	Yes	No	Amount
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?	X		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan THE HYPERFORM EMPLOYEE STOCK OWNERSHIP PLAN</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 HYPERFORM, INC.</div>	<div>D Employer Identification Number (EIN) 59-2932593</div>

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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): 81-5430663</div>		
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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.)
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<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
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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.
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<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☒ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☒ No</div>
<div>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.)</div>	<div>☐ Yes ☒ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☒ Yes ☐ No</div>

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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).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year.....

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 _____

Hyperform, Inc. Employee Stock Ownership Plan

**FINANCIAL STATEMENTS
(AND SUPPLEMENTARY INFORMATION)**

December 31, 2020 and 2019



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RIGGS &
INGRAM

CPAs and Advisors

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Hyperform, Inc.
Employee Stock Ownership Plan
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December 31, 2020

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 <i>Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.</i>	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Hyperform, Inc. Employee Stock Ownership Plan
Melbourne, FL

Report on the Financial Statements

We have audited the accompanying financial statements of the Hyperform, Inc. Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Hyperform, Inc. Employee Stock Ownership Plan as of December 31, 2020 and 2019 and the changes in net assets available for benefits for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at Year-end), referred to as "supplemental information", is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cam, Riggs & Ingram, L.L.C.

Melbourne, Florida

Hyperform, Inc.
Employee Stock Ownership Plan
Statements of Net Assets Available for Benefits

December 31,	2020			2019		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
ASSETS						
Cash	\$ 316,149	\$ -	\$ 316,149	\$ 212,047	\$ -	\$ 212,047
Receivable	-	-	-	58,333	-	58,333.00
Investment in Hyperform, Inc. common stock at fair value	2,002,200	1,334,800	3,337,000	920,500	920,500	1,841,000
TOTAL ASSETS	2,318,349	1,334,800	3,653,149	1,190,880	920,500	2,111,380
LIABILITIES						
Accrued distribution	2,787		2,787			
Taxes payable	1,083	-	1,083	1,083	-	1,083
Note payable	-	377,400	377,400	-	471,750	471,750
TOTAL LIABILITIES	3,870	377,400	381,270	1,083	471,750	472,833
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,314,479	\$ 957,400	\$ 3,271,879	\$ 1,189,797	\$ 448,750	\$ 1,638,547

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

Hyperform, Inc.
Employee Stock Ownership Plan
Statement of Changes in
Net Assets Available for Benefits

Year ended December 31,

2020

	Allocated	Unallocated	Total
ADDITIONS TO NET ASSETS			
ATTRIBUTED TO:			
S-Corp distribution earnings	\$ 160,234	\$ -	\$ 160,234
Net appreciation in estimated fair value of investments	968,480	527,520	1,496,000
Total additions	1,128,714	527,520	1,656,234
DEDUCTIONS TO NET ASSETS			
ATTRIBUTED TO:			
Interest expense	-	18,870	18,870
Distributions of benefits	4,032	-	4,032
Total deductions	4,032	18,870	22,902
Net increase	1,124,682	508,650	1,633,332
Beginning of year	1,189,797	448,750	1,638,547
End of year	\$ 2,314,479	\$ 957,400	\$ 3,271,879

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

Hyperform, Inc.
Employee Stock Ownership Plan
Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN

The following description of the Hyperform, Inc. Employee Stock Ownership Plan (the "Plan") provides only general information. Refer to Plan documents for a more complete description of Plan Provisions.

General

Hyperform Inc. established the Plan effective January 1, 2015. The purpose of the Plan is to share in the growth and prosperity of the Company and to provide participants with an opportunity to accumulate capital for their future economic security. Hyperform, Inc. is the Plan Sponsor. An independent third-party is the Plan's Trustee.

This Plan is intended to qualify as an Employee Stock Ownership Plan under the provisions of section 401(a) of the Internal Revenue Code of 1986, as amended (hereinafter referred to as "ERISA"), and as a leveraged employee stock ownership Plan as that term is defined in Code section 4975(e)(7).

The Plan purchased Sponsor Company common stock using the proceeds of a loan from a shareholder and holds the common stock in a Trust established under the Plan. The borrowing is being repaid over a period of ten years. As the Plan makes each payment of principal, an appropriate percentage of stock is allocated to eligible employees' accounts in accordance with applicable regulations under the Code. The borrowing is collateralized by the unallocated shares of Sponsor Company common stock.

Each employee's interest hereunder and all assets acquired under the Plan as a result of income and other additions thereto are administered, distributed, forfeited or otherwise governed by the provisions of this Plan.

The Plan is designed to provide a technique of corporate finance for the employer as well as intended to be for the exclusive benefit of participants in the plan and their beneficiaries. Accordingly, it may be used to accomplish the following objectives:

- 1) To meet general financing requirements of the employer, including capital growth and transfers in the ownership of employer stock.
- 2) To receive loans (or other extensions of credit) to finance the acquisition of qualifying employer securities acquired with the proceeds of the loan, by the guarantee of the employer or an owner or affiliate of the employers, or by a commitment by the employer to pay employer contributions to the Trust in amounts sufficient to enable principal and interest on such loans to be paid.

Note 1: DESCRIPTION OF THE PLAN (Continued)

Eligibility

Employees of the Company are generally eligible to participate in the Plan upon completion of one year of service. Each Employee shall become eligible to participate in the Plan from and after the Entry Date coinciding with or next following the date on which the Employee has completed a Year of Service, measured during the Eligibility Computation Period, provided the Employee has attained age twenty-one.

Contributions

Contributions to the Plan shall be determined by the Company's Board of Directors and may be paid in cash or shares of the Company stock. The Company is obligated to make contributions in cash to the Plan which when aggregated with the Plan's dividends and interest earnings equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest on its debt. Employee contributions are not permitted.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. As of each valuation date, which is the last day of the Plan year, the account of each eligible participant is credited with an allocation of shares of the Company's common stock released by the Trustee from the unallocated shares account. Such allocations are made in proportion to the percentage which each such eligible participant's compensation bears to the compensation of all eligible participants. Any forfeitures of non-vested amounts may be likewise allocated among participant accounts or may be used to satisfy employer contribution requirements or pay any administrative expenses. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance.

Cash dividends on Company stock held by the Plan may, at the sole discretion of the Plan Administrator, be either credited to participants' accounts or used to repay any exempt loans. Such repayments of exempt loans result in release of the suspense account unallocated shares and the allocation of such shares to participants' accounts. Investment income is allocated in proportion to participants' accounts.

Participants who do not meet requirements related to hours of service during a Plan year or are not actively employed on the last working day of a Plan year, except for separation because of retirement, total and permanent disability, or death, are generally not eligible for an allocation of Company contributions and forfeitures for that Plan year.

Hyperform, Inc.
Employee Stock Ownership Plan
Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are vested in their accrued benefit derived from employer contributions based on years of service, as follows:

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

Vesting continues during any year of service during which a participant's status changes from eligible to ineligible until the participant's account is forfeited or distributed according to terms of the Plan. Upon full or partial Plan termination, participants become fully vested in their accounts.

Benefit Payments

Minimum required distributions are made in accordance with the Plan documents and applicable Treasury Regulations. In the event of participant termination upon death, permanent disability, or retirement on or after the normal retirement date, distributions are made in lump sum cash payments. In the event of other terminations, distributions are made in accordance with Plan documents and in substantially equal annual installments over a five-year period or over terms up to ten years if a participant's account balance exceeds certain thresholds established under the Plan documents. Participants who have not reached normal retirement age or age 62 may elect to defer receipt of immediately available distributions.

Forfeitures

After certain events or breaks in service, nonvested interest is forfeited and subject to reallocation among eligible active participants in the same proportion that each participant's compensation bears to total participants' compensation for the Plan year. As of December 31, 2020, the plan has no forfeitures to be allocated back to the employees.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee votes all unallocated shares of Company stock it holds, and such voting is in accordance with any agreements pledging such stock as security for Plan obligations or direction of the Plan Administrator in the absence of such agreements.

Note 1: DESCRIPTION OF THE PLAN (Continued)

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock ("allocated") and (b) stock not yet allocated to employees ("unallocated"). Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Put Option

Under Federal income tax regulations, any employer stock that is held by the Plan and its participants is subject to a put option if such stock is not readily tradable on an established market at the time of distribution. The put option grants participants the right to sell subject shares, or any part of those shares, to the Company under terms and conditions established by the Plan Administrator. The put price is representative of the fair value of the stock. The Company may pay for any purchases under put options over a period up to five years upon providing adequate security and paying reasonable interest on the unpaid balance. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Sponsor Company common stock into investments which are more diversified. Participating employees who have completed ten years of service and Plan participation and have attained age 55 may elect to diversify a portion of their accounts. Diversification is offered to such qualified participants over a six-year period.

Participants may elect to diversify 25% of the total number of shares of allocated Company stock in their accounts in the first five years of the diversification period and 50% of such allocated shares in the sixth year. Participants who elect to diversify receive cash distributions for the portion elected. No investments were participant-directed as of December 31, 2020.

Note 2: SUMMARY OF SIGNIFICANT 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 (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Significant Estimates

Significant estimates reflected in the accompanying financial statements include fair values of investments in Sponsor Company stock upon purchase and at subsequent reporting dates. Due to factors affecting fair values of such investments, it is at least reasonably possible that estimates could change within the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

Investment Valuation and Income Recognition

The common shares of the Company are valued at fair value. See Note 3 for a discussion of the fair value measurements. Fair value is determined by annual independent appraisals using recognized valuation techniques, such as income approach, market comparisons, and net asset values. Such valuations are based on financial information provided by the Company, third party appraisals of assets as appropriate, and market data for similar entities where available. Dividend income, when applicable, is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation includes the Plan's gains and losses on any investments bought and sold as well as held during the year.

Payment of Benefits

Distributions of benefits are recorded when paid. Allocated amounts which will be distributed to participants who terminated due to retirement, death, or disability totaled \$1,246 for the year ended December 31, 2020.

Operating Expenses

Generally, all expenses of maintaining the Plan are paid by the Trust. However, such expenses of administration may be paid out of the Plan pursuant to the Plan documents.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 15, 2021. See Note 12 for relevant disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Note 3: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- 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; or
 - can be corroborated by observable market data.

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

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

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

Common stock: Value based on historical and projected cash flow and net income, return on assets, return on equity, comparable market participants, and estimated fair value of Company assets and liabilities.

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

Hyperform, Inc.
Employee Stock Ownership Plan
Notes to Financial Statements

Note 3: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Fair Value	Significant Unobservable Inputs (Level 3)
<i>December 31, 2020</i>		
Hyperform, Inc. common stock	\$ 3,337,000	\$ 3,337,000
<i>December 31, 2019</i>		
Hyperform, Inc. common stock	\$ 1,841,000	\$ 1,841,000

The fair value of Company common stock is determined by annual independent appraisals. These appraisals were based upon consideration of indicated values using a combination of income, market, and asset valuation methods consistent with initial valuations.

The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, comparable market participants, and estimated fair value of Company assets and liabilities.

The following tables provide further details of the Level 3 fair value measurements for the year ended December 31, 2020.

<i>December 31,</i>	2020
Beginning balance	\$ 1,841,000
Total unrealized gains included in changes in net assets available for benefits	1,496,000
Ending balance	\$ 3,337,000
Total gains for the year included in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date.	\$ 1,496,000

Hyperform, Inc.
Employee Stock Ownership Plan
Notes to Financial Statements

Note 4: INVESTMENT IN STOCK

Effective December 28, 2015, the Plan purchased stock of Hyperform, Inc., which consisted of 50,000 shares of common stock.

The purchase was made in conjunction with a Company loan for 100% of the purchase price of the stock, resulting in a fully leveraged ESOP transaction. The reported amounts of the investment in Sponsor Company stock as of December 31, 2020 and 2019 represent the fair values of such stock as determined through independent valuations. The reported fair values reflect the effects of the Company loan to the ESOP, which is recognized in the Company's financial statements.

The valuation date is the specific date at which the valuation analyst estimates the value of the subject interest and concludes on his or her estimated value. Generally, the valuation analyst should consider only circumstances existing at the valuation date and events occurring up to the valuation date. An event that could affect the value may occur subsequent to the valuation date. Such an occurrence is referred to as a subsequent event. Subsequent events are indicative of conditions that were not known or knowable at the valuation date, including conditions that arose subsequent to the valuation date. The valuation would not be updated to reflect those events or condition. Moreover, the valuation would typically not include a discussion of those events or conditions because a valuation is performed at a point in time—the valuation date.

Pursuant to the Plan document, the Plan invests in stock of the Company. Investments as of December 31, 2020 and 2019 consisted solely of Company stock as follows:

<i>December 31,</i>	2020		
	Allocated	Unallocated	Total
Number of Shares	30,000	20,000	50,000
Cost	\$ 845,282	\$ 656,582	\$ 1,501,864
Fair Value	\$ 2,002,200	\$ 1,334,800	\$ 3,337,000

<i>December 31,</i>	2019		
	Allocated	Unallocated	Total
Number of Shares	25,000	25,000	50,000
Cost	\$ 750,932	\$ 750,932	\$ 1,501,864
Fair Value	\$ 920,500	\$ 920,500	\$ 1,841,000

Note 5: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 21, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan was amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6: RELATED PARTIES AND PARTIES-IN-INTEREST

The Plan invests in Company common stock and is indebted to a shareholder for the balance of the stock acquisition loan. These are related party and parties-in-interest transactions. The Plan has a number of service providers, which are parties-in-interest under ERISA.

All administrative expenses of maintaining the Plan are paid by the Trust. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 7: ADMINISTRATION OF PLAN ASSETS

The Trustee of the Plan holds the Plan's assets. The Plan's assets consist principally of common shares of Hyperform, Inc.

Company contributions are held and managed by the Trustee, which, when applicable, invests cash received from interest and dividend income, and makes distributions to participants. The Trustee also administers, when applicable, the payment of interest and principal on any loan, which is reimbursed to the Trust through contributions as determined by the Company. The Trustee maintains appropriate records and furnishes annual written reports to the Company and Plan Administrator.

No full-time officer or employee of the Company receives compensation from the Plan for any services related to the Plan.

The Company absorbed all costs of plan administration for the years ended December 31, 2020 and 2019.

Hyperform, Inc.
Employee Stock Ownership Plan
Notes to Financial Statements

Note 9: NOTES PAYABLE

Effective December 28, 2015, the Plan entered into a \$943,500 loan agreement with a shareholder whereby the shareholder financed the Plan's purchase of 50,000 shares of outstanding stock of the Company in a fully leveraged transaction. The loan bears interest at 4.00%, provides for annual principal payments of \$94,350 and matures December 28, 2025. The loan is fully secured by unallocated shares held by the Plan. In addition, pursuant to the Plan agreements, the Company's contributions to the Plan must be sufficient to allow the Plan to timely service this debt.

Future maturities of the Company loan payable as of December 31, 2019, are as follows:

2021	\$	94,350
2022		94,350
2023		94,350
2024		94,350
		<hr/> \$ 377,400 <hr/>

As loan repayments are made, the amount of shares representing the proportion to which the repayment bears to total debt service are released and allocated among participant accounts according to the plan. During the year ended December 31, 2020, total shares released included 5,000 shares for Plan Year 2020. Fair value at time of release totaled \$113,220 for the 2020 Plan Year.

Note 10: PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, all unallocated amounts other than the unallocated suspense account shall be allocated to participants. The interest of each participant in the Plan will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Internal Revenue Code. Upon full termination of the Plan, distributions will be made in accordance with Plan documents and as permitted by Regulations.

Note 11: RISK AND UNCERTAINTIES

Cash in deposit accounts at banks is insured up to limits covered by the Federal Deposit Insurance Corporation (FDIC), currently \$250,000 per depositor at each insured institution.

Financial institution balances in accounts exceeded FDIC coverage limits by \$66,149 as of December 31, 2020. The Company has not experienced any losses on its deposits in financial institutions, and management believes the Company is not exposed to any significant credit risk on these deposits.

Note 11: RISK AND UNCERTAINTIES (Continued)

The plan investments consist solely of the Company's common stock, which is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flow, and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus (COVID-19) can be characterized as a pandemic. As a result, uncertainties have arisen that may have a significant negative impact on the valuation of the the Plan Sponsor Company's common stock. The occurrence and extent of such an impact will depend on future developments, including (i) the duration and spread of the virus, (ii) government quarantine measures, (iii) voluntary and precautionary restrictions on travel or meetings, (iv) the effects on the financial markets, and (v) the effects on the economy overall, all of which are uncertain.

Note 12: SUBSEQUENT EVENTS

Management of the Plan evaluated all events or transactions that occurred after December 31, 2020 through October 15, 2021, the date the Plan's financial statements were available to be issued. The following occurred: The Company was sold on April 30, 2021 for approximately \$61 million, and the ESOP was terminated, Plan participants became fully vested in their shares and received distributions of approximately \$3 million with the remaining \$3 million to be paid out prior to terminating the Plan. The business analyst indicated that the large change in the value of the stock from December 31, 2020 to the date of the sale was due to the synergistic/strategic premium that resulted from the transaction. This did not affect the Plan's accounting for fiscal year ended December 31, 2020.

SUPPLEMENTAL INFORMATION

Hyperform, Inc.
Employee Stock Ownership Plan
Schedule H, Line 4i – Schedule of Assets (Held at Year End)
Employer ID: 59-2932593
Plan: 002

December 31, 2020

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Hyperform, Inc.	50,000 shares common stock	\$ 1,501,864	\$ 3,337,000
Total as reported per Statement of Net Assets Available for Benefits				\$ 3,337,000

* Represents a party-in-interest.

Name of Plan:	
► The Hyperform Employee Stock Ownership Plan	
Employer Identification Number:►	59-2932593
For plan year (beginning/ending):►	1/1/2021 - 12/31/2021
	Plan number:► 002

[illegible]